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GAILLARD'S
MEDICAL JOURNAL

AND

THE AMERICAN MEDICAL WEEKLY

[CONSOLIDATED]

E. S. GAILLARD, A.M., M.D.,

EDITOR AND PROPRIETOR.

VOL. XXXV.

NOS. 26.

NEW YORK, 1883.

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Scientia et Veritas Sino Timore.

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No. 1.

ORIGINAL ABSTRACTS.

QUININE CAUSED INSANITY.—The father of a Washington lawyer guilty of escapades has recently given the following explanation of the erratic victim: "Thinking it a safe thing to do, my son has been in the habit for months of carrying quinine in his pocket, and taking it in small but frequent doses, and the result is an elated, sanguine state of mind, quite beyond the bounds of reason. His memory is not yet impaired, and the marked improvement already consequent upon being deprived of the drug, gives his friends reason to expect complete restoration in a short time. Meanwhile, let this case be one of many others to teach us all that, excellent as quinine may be in many cases, it is, like chloral or opium or alcohol, exceedingly dangerous to trifle with." The question which naturally arises in the mind of the physician, on reading this, is whether quinine has ever been reported as causing insanity. There are at least two such cases on record, both of them reported in the *Journal of Nervous and Mental Disease*, July, 1881. In both, insanity always followed upon the use of quinine, and, from the character of the two reported cases, it seems certain that in some predisposed cases a brief, curable insanity may follow upon the use of quinine.

RESTORATION OF FROZEN PERSONS.—Some recent researches have very important bearing on the question of resuscitation of persons nearly moribund from freezing. Laptchinski (Knowledge) has made a series of very careful experiments upon dogs with the following results: "Of twenty animals treated by the method of gradual resuscitation in a cold room fourteen perished; of twenty placed at once in a warm apartment eight died; while of twenty immediately put into a hot bath all recovered."

MYXŒDEMA is a disease discovered during the last decade. It is attended by certain well-marked mental and physical symptoms. It presents men-

tally considerable mental enfeeblement and, at times, hallucinations. Physically the patient presents the puffy appearance of Bright's disease; but the skin resists pressure, giving even a species of rebound. The fingers are knotted, somewhat resembling those sometimes found in phthisis. Hammond says the body temperature is, as a rule, below the normal standard. Dr. W. S. Hadden (*Brain*, July, 1882), comes to the following conclusions respecting it: 1. That in the early stages myxœdema is essentially a disease of imperfect nutrition, dependent probably on generalised angiospasm. 2. That the solid œdematous condition of the skin and connective tissue is due to a form of lymphatic obstruction, which may also be ascribed to vaso-motor influence; and that the accumulated products undergo changes which result in the formation of mucin. 3. That the condition of the thyroid gland is also to be explained on the vaso-motor hypothesis. 4. That the more severe mental symptoms, such as insanity, occurring in the later stages of myxœdema, are due to alterations in the brain itself. 5. That, although myxœdema is a distinct morbid entity, it is probably intimately allied to certain other disorders, such as sporadic Cretinism and scleroderma. 6. That the solid œdema, which is universal in myxœdema, may be localized in various parts of the body, such as the tongue and extremities. 7. That the primary and essential lesion probably exists in the peripheral sympathetic system, and perhaps, too, in the supreme centre in the medulla oblongata, this last supposition being based on the occasional occurrence of bulbar symptoms in myxœdema.

TRICKS OF OPIUM HABITUÉS.—"Did you see that man who just went out?" asked a Grand Street druggist (*New York Sun*). "He came in about half an hour ago, with his arm in a sling and his hand bandaged, and asked for a pound of flaxseed for a poultice. Then he ordered some slippery elm. Next I put up an ounce of laudanum for him. He kept me running from one end of the store to the

other for ginger, potash, soap and Florida water. While I was in the back of the store I happened to look in the mirror there, and saw my customer take the wrapper from the bottle of laudanum and drink off the ounce. When I got back to the counter he asked me how much his purchases came to, felt in one pocket and then another, and finally told me that he had left his money at home, but would leave the parcels and send his little boy around for them in half an hour. I asked him what had become of the laudanum? Finding that he was caught, he owned up. He said he had played the same trick many times. He could not get along without opium, he said, and sometimes had no money to pay for it."

DUGONG OIL AS A RESTORATIVE.—Dugong-oil (Nature), which is yielded by an herbivorous cetacean of the waters of Australia and the Eastern Archipelago, has all the qualities of cod-liver-oil, without the repulsive taste, odor, and the tendency to decay. The dose is the same in quantity as cod-liver-oil.

REPEATED ATTACKS OF VARIOLA. A patient in the Chicago small-pox hospital had been vaccinated when an infant, was attacked by varioloid, and at the age of forty was attacked by small-pox, and nearly died therefrom.

MORPHIA AND CONSTIPATION. Nothnagel (Virchows Archiv. Band lxxxix.) has recently made some experiments to determine by what means morphia produces constipation. He had previously found that if a sodium salt were applied to the intestine of a rabbit, ascending constriction results. When morphia was injected, a local contraction, not an ascending one, followed upon the intestine being touched with a salt crystal. Larger doses of morphia being injected, the ascending contraction from the salt recurred. Morphia in small doses, therefore, stimulates the nerves, inhibiting peristalsis, and in large doses paralyzes these nerves. Its action on the inhibitory nerves of the intestines is like that of digitalis on the vagus.

DISINFECTANTS.—Koch (*Practitioner*, November, 1882) found that mercuric chloride, sulphate or nitrate, was the best disinfectant, a 1 to 1000 to 15,000 solution being sufficient to kill all micro-organisms.

LEAD POISONING IN DRESSMAKERS.—Lead poisoning is often produced in an unsuspected manner. The occupation of dressmaking might be regarded as one likely to be exempt from it; yet a dressmaker just admitted into the Leeds dispensary (*Birmingham Medical Review*) in England, was found to have a distinct blue line on her gums, with simultaneous symp-

toms, such as a furred tongue, inflammation of the lips and general debility—all signs pointing to the probability of poisoning by lead. The physician in attendance for some time failed to discover the source of the lead poisoning, and was beginning to think the blue line had been caused in some other way, when he accidentally learned from a merchant that silken thread, being sold by weight, and not by length, is sometimes adulterated with sugar of lead. He then questioned the patient, and she informed him that it had been a common practice with her, when at work, to hold silk, as well as other kinds of thread in her mouth, and that she had done this the more readily with silk, inasmuch as it often had a sweet taste. This is a sure indication of the presence of lead, and all thread possessing it should either be rejected or used with caution. It will be found that the silk thread of the best makers is tasteless, whereas some inferior threads are sweet.

NARCOLEPSY.—This condition, characterized by a morbid tendency to sleep, has been but rarely described as occurring in the United States. Dr. Seguin (*Journal of Nervous and Mental Disease*, July, 1882) has reported it as occurring in a negro. It is very common on the west coast of Africa. Drs. Scott and Capener, of Cleveland, Ohio, have had under observation a young white man, who for three years has exhibited a tendency to sleep for seventy-five hours. On one occasion lightning struck the house, and though it shattered the chimney and made much commotion, it did not disturb the sleeper. Drs. Scott and Capener have tried on such occasions to rouse him by an application of leeches and other means, but without success. He does not feel any unusual sensation before or after one of these sleeping spells, but gets up as usual and goes to his work. This condition is usually regarded as a nervous affection, but Dr. G. Ballet (*Revue de Médecine*, November, 1882) claims that it is merely a symptom which manifests itself by an invincible tendency, at unequal intervals, to slumber. It sometimes comes on spontaneously; sometimes after the influence of strong emotions. He claims it cannot be a neurosis, since it is sometimes a symptom of diabetes, of cardiac disease, or even of hysteria; but this mode of reasoning would deny a neurotic character to paraplegia.

PERISPLENIC PUS COLLECTIONS.—Dr. Zuber (*Revue de Médecine*, November, 1882) says that in the upper portion of the abdomen the so-called perisplenic pus collections are met with. They, as a rule, only touch a portion of the splenic surface, and are not only found in the sub-serous cellular tissue of

the spleen, but occupy in preference, the irregular space limited by the stomach, spleen, colon and diaphragm. These purulent collections are the ultimate termination of gastric, intestinal and splenic lesions. The infectious splenic lesions, including those of malarial origin, and the round ulcer of the stomach, have here their ultimate termination, and play the principal part in the production of these intra-abdominal abscesses. The purulent collections originating in lesions of the digestive apparatus resemble in their contents and in the symptoms they produce pyo-pneumo-thorax, more especially as they are only separated by the pleuræ or by the diaphragm, which is forced upward. The nature of these cases of pseudo-pyo-pneumo-thorax is shown at first by their association with diseases of the digestive apparatus, and finally by the variability, insufficiency or exaggeration of the observable physical signs. The collections of purely splenic origin are only characterizable by tumefaction and pain in the hepatic region and the general signs of latent suppuration, rarely by more or less marked fluctuating tumors. The diagnosis can only be made by exclusion. Whatever be the origin, depth and extent of these perisplenic collections, they are not beyond the resources of modern surgery. There should be spared, therefore, no means of determining their existence and even their nature, and there should be no hesitation in resorting to deep and numerous exploratory aspirations. There is no special danger in these, and they often prove a good means of determining future treatment.

VACCINATION.—Referring to a vaccination inquiry prosecuted at Norwich, England, Dr. Allnatt, of Cheltenham (*Birmingham Medical Review*) says that in his youth he was instructed to dip the point of the lancet into the fresh lymph and insert it tenderly, without drawing blood, under the skin of the forearm, and to protect the wound with a slight compress. "I do not think a case failed," he says. "But now some vaccinators use real instruments of torture. Ivory points are driven into the flesh, and wounds ensue which become erysipelatous, and, in the delicate constitutions of weakly children, fatal. The old maxim of former days was, 'Never draw blood.'" This is to be commended as the true practice, but is not always practicable; but the statement about the ivory points is much too positive. Dr. Storkweather, of the National Board of Health, has used the point for vaccination without any bad results.

THE SANITARIAN appears as a weekly. The first number is excellent in every respect, and the editor, Dr. Bell, is worthy of the most liberal support.

ORIGINAL ARTICLES.

LAST WOUND OF THE LATE GEN. T. J. JACKSON (STONEWALL)—THE AMPUTATION OF THE ARM—HIS LAST MOMENTS AND DEATH. By HUNTER MCGUIRE, M.D., Late Prof. of Surgery in the Medical College of Virginia, and late Medical Director of General Jackson's Command.

SUPPORTED upon either side by his aids, Captains James Smith and Joseph Morrison, the General moved slowly and painfully toward the rear. Occasionally resting for a moment, to shake off the exhaustion which pain and the loss of blood produced, he at last reached the line of battle, where most of the men were lying down, to escape the shell and canister, with which the Federals raked the road. General Pender rode up here to the little party, and asked who was wounded, and Captain Smith, who had been instructed by General Jackson to tell no one of his injury, simply answered, "a Confederate officer;" but Pender recognized the General, and springing from his horse, hurriedly expressed his regret, and added that his lines were so much broken, he feared it would be necessary to fall back. At this moment the scene was a fearful one. The air seemed to be alive with the shrieks of shells and the whistling of bullets; horses, riderless and mad with fright, dashed in every direction; hundreds left the ranks and fled to the rear, and the groans of the wounded and dying mingled with the wild shouts of others to be led again to the assault. Almost fainting as he was, from loss of blood, fearfully wounded, and as he thought, dying, Jackson was undismayed by this terrible scene. The words of Pender seemed to rouse him to life. Pushing aside the men who supported him, he stretched himself to his full height, and answered feebly, but distinctly enough to be heard above the din of the battle, "General Pender, you must hold on to the field, you must hold out to the last." It was Jackson's last order upon the field of battle. Still more exhausted by this effort, he asked to be permitted to lie down for a few moments, but the danger from the fire, and capture by the Federal advance, was too imminent, and his aids hurried him on. A litter having been obtained, he was placed upon it, and the bearers passed on as rapidly as the thick woods and rough ground permitted. Unfortunately, another one of the bearers was struck down, and the litter having been supported at each of the four corners by a man, fell and threw the General to the ground. The fall was a serious one, and as he touched the earth, he gave, for the first time, expression to his suffering, and groaned piteously.

Captain Smith sprang to his side, and as he raised his head, a bright beam of moonlight, made its way through the thick foliage, and rested upon the pale face of the sufferer. The Captain was startled by its great pallor and stillness, and cried out, "Oh! General, are you seriously hurt?" "No," he answered, "don't trouble yourself, my friend, about me," and presently added something about winning the battle first, and attending to the wounded afterward. He was placed upon the litter again, and carried a few hundred yards, when I met him with an ambulance. I knelt down by him, and said, "I hope you are not badly hurt, General." He replied, very calmly, but feebly, "I am badly injured, Doctor; I fear I am dying." After a pause he continued, "I am glad you have come. I think the wound in my shoulder is still bleeding." His clothes were saturated with blood, and hæmorrhage was still going on from the wound. Compression of the artery with the finger arrested it, until lights being procured from the ambulance, the handkerchief which had slipped a little, was readjusted. His calmness amid the dangers which surrounded him, and at the supposed presence of death, and his uniform politeness, which did not forsake him, even under these, the most trying circumstances, were remarkable. His complete control too, over his mind, enfeebled as it was, by loss of blood, pain etc., was wonderful. His suffering at this time was intense; his hands were cold, his skin clammy, his face pale, and his lips compressed and bloodless; not a groan escaped him, not a sign of suffering, except the slight corrugation of his brow, the fixed rigid face, and the thin lips, so tightly compressed, that the impression of the teeth could be seen through them. Except these, he controlled, by his iron will, all evidence of emotion, and more difficult than this even, he controlled that disposition to restlessness, which many of us have observed upon the field of battle, attending great loss of blood. Some whiskey and morphia were procured from Dr. Straith, and administered to him, and placing him in the ambulance, it was started for the Corps Field Infirmary, at the Wilderness Tavern. Col. Crutchfield, his Chief of Artillery, was also in the ambulance wagon. He had been wounded very seriously in the leg, and was suffering intensely.

The General expressed, very feelingly, his sympathy for Crutchfield, and once, when the latter groaned aloud, he directed the ambulance to stop, and requested me to see if something could not be done for his relief. Torches had been provided, and every means taken to carry them to the hospital, as safely and easily as possible. I sat in the front

part of the ambulance, with my finger resting upon the artery, above the wound, to arrest bleeding if it should occur. When I was recognized by acquaintances, and asked who was wounded, the General would tell me, to say, "a Confederate officer." At one time, he put his right hand upon my head, and pulling me down to him, asked if Crutchfield was dangerously wounded. When answered "No, only painfully hurt," he replied, "I am glad it is no worse." In a few moments after, Crutchfield did the same thing, and when he was told that the General was very seriously wounded, he groaned and cried out, "Oh, my God!" It was for this, that the General directed the ambulance to be halted, and requested that something should be done for Crutchfield's relief.

After reaching the hospital, he was placed in bed, covered with blankets, and another drink of whiskey and water given him. Two hours and a half elapsed before sufficient reaction took place, to warrant an examination. At two o'clock Sunday morning, Surgeons Black, Walls, and Coleman, being present, I informed him that chloroform would be given him, and his wounds examined. I told him that amputation would probably be required, and asked if it was found necessary, whether it should be done at once. He replied promptly, "Yes, certainly; Doctor McGuire, do for me whatever you think best." Chloroform was then administered, and as he began to feel its effects, and its relief to the pain he was suffering, he exclaimed, "What an infinite blessing," and continued to repeat the word "blessing," until he became insensible. The round ball, (such as is used for the smooth-bore Springfield musket) which had lodged under the skin, upon the back of his right hand, was extracted first. It had entered the palm, about the middle of the hand, and had fractured two of the bones. The left arm was then amputated, about two inches below the shoulder, very rapidly, and with slight loss of blood, the ordinary circular operation having been made. There were two wounds in this arm, the first and most serious was about three inches below the shoulder joint, the ball dividing the main artery, and fracturing the bone. The second was several inches in length; a ball having entered the outside of the forearm, an inch below the elbow, came out upon the opposite side, just above the wrist. Throughout the whole of the operation, and until all the dressings were applied, he continued insensible. Two or three slight wounds of the skin of his face, received from the branches of trees, when his horse dashed through the woods, were dressed simply with isinglass plaster. About half-past three o'clock

Colonel (then Major) Pendleton, the Assistant Adjutant General, arrived at the hospital, and asked to see the General. He stated that General Hill had been wounded, and that the troops were in great disorder. General Stuart was in command, and had sent him to see the General. At first, I declined to permit an interview, but the Colonel urged that the safety of the army and success of the cause depended upon his seeing him. When he entered the tent, the General said, "Well, Major, I am glad to see you, I thought you were killed." Pendleton briefly explained the condition of affairs, gave Stuart's message, and asked what should be done. General Jackson was at once interested, and asked in his quick, rapid way, several questions. When they were answered, he remained silent for a moment, evidently trying to think; he contracted his brow, set his mouth, and for some moments was obviously endeavoring to concentrate his thoughts. For a moment it was believed he had succeeded, for his nostril dilated, and his eye flashed its old fire, but it was only for a moment; his face relaxed again, and presently he answered very feebly and sadly, "I don't know—I can't tell; say to General Stuart he must do what he thinks best." Soon after this, he slept for several hours, and seemed to be doing well. The next morning he was free from pain, and expressed himself sanguine of recovery. He sent his aide-de-camp, Morrison, to inform his wife of his injuries, and to bring her at once to see him. The following note from General Lee, was read to him that morning by Captain Smith: "I have just received your note, informing me that you were wounded. I cannot express my regret at the occurrence. Could I have directed events, I should have chosen, for the good of the country, to have been disabled in your stead. I congratulate you upon the victory which is due to your skill and energy." He replied, "General Lee should give the praise to God." About ten o'clock, his right side began to pain him so much, that he asked me to examine it. He said he had injured it, in falling from the litter the night before, and believed that he had struck it against a stone or the stump of a sapling. No evidence of injury could be discovered by examination; the skin was not broken or bruised, and the lung performed, as far as I could tell, its proper functions. Some simple application was recommended, in the belief that the pain would soon disappear.

At this time the battle was raging fearfully, and the sound of the cannon and musketry could be distinctly heard at the hospital. The General's attention was attracted to it from the first, and when the noise was at its height, and indicated how fiercely

the conflict was being carried on, he directed all of his attendants, except Captain Smith, to return to the battle-field, and attend to their different duties. By eight o'clock Sunday night, the pain in his side had disappeared, and in all respects he seemed to be doing well. He inquired minutely about the battle, and the different troops engaged, and his face would light up with enthusiasm and interest, when told how this brigade acted, or that officer displayed conspicuous courage, and his head gave the peculiar shake from side to side, and he uttered his usual "good, good," with unwonted energy, when the gallant behavior of the "Stonewall Brigade" was alluded to. He said, "The men of that brigade will be, some day, proud to say to their children, 'I was one of the Stonewall Brigade.'" He disclaimed any right of his own to the name Stonewall. "It belongs to the Brigade and not to me."

This night he slept well, and was free from pain. A message was received from General Lee the next morning, directing me to remove the General to Guinea's Station, as soon as his condition would justify it, as there was some danger of capture by the Federals who were threatening to cross at Ely Ford. In the meantime, to protect the hospital, some troops were sent to this point. The General objected to being moved, if, in my opinion, it would do him any injury. He said he had no objection to staying in a tent, and would prefer it if his wife, when she came, could find lodging in a neighboring house, "And if the enemy does come," he added, "I am not afraid of them; I have always been kind to their wounded, and I am sure they will be kind to me." General Lee sent word again, late that evening, that he must be moved if possible, and preparations were made to leave the next morning. I was directed to accompany, and remain with him, and my duties with the Corps, as Medical Director, were turned over to the surgeon next in rank. General Jackson had previously declined to permit me to go with him to Guinea's, because complaints had been so frequently made, of General officers when wounded, carrying off with them, the Surgeons belonging to their commands. When informed of this order of the Commanding General, he said, "General Lee has always been very kind to me, and I thank him." Very early Tuesday morning, he was placed in an ambulance, and started for Guinea's Station, and about eight o'clock that evening he arrived at the Chandler House, where he remained till he died. Captain Hotchkiss, with a party of engineers, was sent in front to clear the road of wood, stone, etc., and to order the wagons out of the track to let the ambulance pass. The rough

teamsters sometimes refused to move their loaded wagons out of the way for an ambulance, until told that it contained Jackson, and then, with all possible speed, they gave the way, and stood with hats off, and weeping, as he went by. At Spottsylvania C. H. and along the whole route, men and women rushed to the ambulance, bringing all the poor delicacies they had, and with tearful eyes they blessed him, and prayed for his recovery. He bore the journey well, and was cheerful throughout the day. He talked freely about the late battle, and among other things, said that he had intended to endeavor to cut the Federals off from the United States Ford, and taking a position between them and the river, oblige them to attack him; and he added, with a smile, "My men sometimes fail to drive the enemy from a position; but they always fail to drive us away." He spoke of Rhodes, and alluded in high terms to his magnificent behavior on the field, Saturday evening. He hoped he would be promoted. He thought promotions for gallantry should be made at once, upon the field, and not delayed; made very early, or upon the field, they would be the greatest incentives to gallantry in others. He spoke of Colonel Willis,* who commanded the skirmishers of Rhodes' Division, and praised him very highly, and referred to the death of Paxton and Boswell very feelingly. He alluded to them as officers of great merit and promise. The day was quite warm, and at one time he suffered with slight nausea. At his suggestion, I placed over his stomach a wet towel, and he expressed great relief from it. After he arrived at Chandler's house, he eat some bread and tea with evident relish, and slept well throughout the entire night. Wednesday he was thought to be doing remarkab'y well. He eat heartily, for one in his condition, and was uniformly cheerful.

I found his wounds to be doing very well to-day. Union by the first intention, had taken place, to some extent, in the stump, and the rest of the surface of the wound exposed, was covered with healthy granulations. The wound in his hand gave him little pain, and the discharge was healthy. Simple lint and water dressings were used, both for the stump and hand, and upon the palm of the latter, a light, short splint was applied, to assist in keeping at rest, the fragments of the second and third metacarpal bones. He expressed great satisfaction when told that his wounds were healing, and asked if I could tell from their appearance, how long he would probably be kept from the field. Conversing with Captain Smith, a few moments afterward, he alluded to his injuries, and said, "Many would

regard them as a great misfortune, I regard them as one of the blessings of my life." Captain Smith replied, "All things work together for good to those that love God." "Yes," he answered, "that's it, that's it."

At my request, Dr. Morrison came to-day, and remained with him.

About one o'clock Thursday morning, while I was asleep upon a lounge in his room, he directed his servant, Jim, to apply a wet towel to his stomach, to relieve an attack of nausea, with which he was again troubled. The servant asked permission to first consult me, but the General knowing that I had slept none, for nearly three nights, refused to allow the servant to disturb me, and demanded the towel. About daylight I was aroused, and found him suffering great pain. An examination disclosed pleuro-pneumonia of the right side. I believed, and the consulting physicians concurred in the opinion, that it was attributable to the fall from the litter, the night he was wounded. The General, himself, referred it to this accident. I think the disease came on too soon after the application of the wet cloths, to admit of the supposition, once believed, that it was induced by them. The nausea, for which the cloths were applied that night, may have been the result of inflammation already begun. Contusion of the lung, with extravasation of blood in his chest, was probably produced by the fall referred to, and shock and loss of blood, prevented any ill effects until reaction had been well established, and then inflammation ensued. Cups were applied, and mercury, with antimony, and opium, administered.* Toward the evening, he became better, and hopes were again entertained of his recovery. Mrs. Jackson arrived to-day, and nursed him faithfully to the end. She was a devoted wife, and earnest Christian, and endeared us all to her by her great kindness and gentleness. The General's joy at the presence of his wife and child was very great, and for him unusually demonstrative. Noticing the sadness of his wife, he said to her tenderly, "I know you would gladly give your life for me, but I am perfectly resigned. Do not be sad; I hope I may yet recover. Pray for me, but always remember in your prayers to use the petition, 'Thy will be done.'" Friday his wounds were again dressed, and although the quantity of the discharge from them had diminished, the process of healing was still going on. The pain in his side had disappeared, but he breathed with difficulty and complained of a feeling of great ex-

* Subsequently killed in battle.

* A detailed account of the treatment is prevented by the loss of notes kept of the case. These notes, with other papers, were captured by the Federals, March, 1865.

haustion. When Dr. Breckinridge (who with Dr. Smith, had been sent for in consultation) said he hoped that a blister, which had been applied, would afford him relief; he expressed his own confidence in it, and in his final recovery.

Dr. Tucker, from Richmond, arrived on Saturday, and all that human skill could devise was done to stay the hand of death. He suffered no pain to-day, and his breathing was less difficult, but he was evidently hourly growing weaker.

When his child was brought to him, to-day, he played with it for some time, frequently caressing it, and calling it his "little comforter." At one time he raised his wounded hand above its head, and closing his eyes was for some moments silently engaged in prayer. He said to me, "I see from the number of physicians that you think my condition dangerous, but I thank God, if it is his will, that I am ready to go." About daylight, on Sunday morning, Mrs. Jackson informed him that his recovery was very doubtful, and that it was better that he should be prepared for the worst. He was silent for a moment, and then said: "It will be infinite gain to be translated to heaven." He advised his wife, in the event of his death, to return to her father's house, and added, "You have a kind and good father, but there is no one so kind and good as your Heavenly Father." He still expressed a hope of his recovery, but requested her, if he should die, to have him buried in Lexington, in the Valley of Virginia. His exhaustion increased so rapidly, that at eleven o'clock, Mrs. Jackson knelt by his bed, and told him that before the sun went down, he would be with his Saviour. He replied, "Oh, no! you are frightened, my child; death is not so near; I may yet get well." She fell over upon the bed, weeping bitterly, and told him again that the physicians said there was no hope. After a moment's pause he asked her to call me. "Doctor, Anna informs me that you have told her that I am to die to-day; is it so?" When he was answered, he turned his eyes toward the ceiling, and gazed for a moment or two as if in intense thought, then replied, "Very good, very good, it is all right." He then tried to comfort his almost heart-broken wife, and told her he had a good deal to say to her, but he was too weak. Colonel Pendleton came into the room about one o'clock, and he asked him, "Who was preaching at headquarters to-day?" When told that the whole army was praying for him, he replied, "Thank God—they are very kind." He said: "It is the Lord's day; my wish is fulfilled; I have always desired to die on Sunday."

His mind now began to fail and wander, and he frequently talked as if in command upon the field, giving orders in his old way; then the scene shifted, and he was at the mess-table in conversation with members of his staff; now with his wife and child; now at prayers with his military family. Occasional intervals of return of his mind would appear, and during one of them, I offered him some brandy and water, but he declined it, saying, "It will only delay my departure, and do no good; I want to preserve my mind, if possible, to the last." About half past one, he was told that he had but two hours to live, and he answered again, feebly but firmly, "Very good, it is all right." A few moments before he died, he cried out in his delirium, "Order A. P. Hill to prepare for action! pass the infantry to the front rapidly! tell Major Hawks"—then stopped, leaving the sentence unfinished. Presently a smile of ineffable sweetness spread itself over his pale face, and he said quietly, and with an expression, as if of relief, "Let us cross over the river, and rest under the shade of the trees;" and then, without pain or the least struggle, his spirit passed from earth to the God who gave it.

SELECTIONS.

THE "BRADSHAW" LECTURE ON SOME RARE AND NEW DISEASES. Delivered at the Royal College of Surgeons of England on December 13th, 1882, by Sir James Paget, F.R.S.

MR. PRESIDENT AND GENTLEMEN: It is my first duty, in delivering the first Bradshawe Lecture in our College, to offer a tribute of respectful thanks to the generous lady by whom it was founded, the widow of Mr. William Wood Bradshawe, a Fellow of this College, who practiced at Andover and at Reading, and died in 1866. He was a home-loving and studious man, who diligently cultivated his mind in both literature and science, and his widow, who survived him fourteen years, being desirous to testify her gratitude for the happiness which she owed to him, bequeathed a thousand pounds to this College, and as much to the Royal College of Physicians, on the condition that each should institute a lecture, to be given annually and to bear his name. She desired that the lecture should be on some subject connected with medicine or surgery, and that the choice of the lecturer should rest with the President of each College for the time being. She made no stringent regulations, and seems to have wished only to maintain her husband's name in good re-

pute by associating it with the advancement of the science which he loved.

In my endeavor to fulfil her exemplary wish, I have chosen the subject of "Some Rare and New Diseases." I hope to be able, in speaking of them, to illustrate a part of the natural history of disease which I think is too little studied—that part, namely, which relates to the variations and the combinations of diseases in hereditary transmission. Besides, both in the choice of its subject and in the whole enterprise of giving this lecture, I have looked for an opportunity of promoting pathology by promoting pathological museums, a motive which I am sure will be pardoned, though I am conscious of its being in some measure personal, for I have spent so much time and thought in museums, that I feel as if in their greater utility, I should myself become more useful.

Now, first, respecting rare diseases, there may seem no want of opportunities of studying them. Our journals and the proceedings of our societies are full of the records of rare cases; many collections of such cases have been published, and there are many rare specimens in every museum. All these have that kind of attraction which belongs to everything that excites our wonder, but we too seldom let the wonder have its proper consequence; we too seldom let it provoke our curiosity so far as to make us search for the meaning and reason of the rarity. There is a question which we should often ask ourselves. Why is any disease rare? at least, why is any rare which does not depend on some accident or some rarely occurring external cause? I shall try to suggest answers which may be, in some instances, sufficient; but I fear that, in more instances, if I can be useful at all, it can only be by suggesting how answers may be found.

First, there is a difference, though it may often seem only a verbal one, between rare cases and rare diseases. A case may be called rare when, though it is evidently one of a common disease, it differs from the usual type or standard of that disease in some one or two features. Thus it is a rare case when a common disease is found in an unusual place; as an epithelial cancer on the upper lip, or this fatty tumor on a finger; or in unusual quantity, as in this large cartilaginous tumor on a femur; or, again, a case may be rare in respect of the time of its occurrence. For instance, I have lately seen cancer of the rectum ending fatally in a lad of eighteen, and scrofulous abscess in a man of eighty; and many of us must have seen instances, though they are rare (and these are very important in the history of diseases), in which mani-

festations of syphilitic inheritance, usually evident in infancy, have not appeared till the time of youth or even of adult age; or cases may be very rare in respect of accidental complications or of the absence of some usual symptom. But of all these and other rare cases the number and variety are so great that it would be impossible to deal generally with them, except as with mere story-telling. It would be very useful if some one would collect hundreds or thousands of them, and arrange them, even though it were only under such headings as I have just indicated. But even as they are singly and in disorder, let me say that we ought not to set them aside with idle thoughts or idle words about "curiosities" or "chances." Not one of them is without a meaning; not one but might be the beginning of excellent knowledge, if only we could answer the question, Why is this rare? or, being rare, why did it in this instance happen?

But, because of their number and variety, I must pass by rare cases and will speak only of some rare diseases—that is, of some diseases, which are rarely seen and yet occur in a sufficient number of cases, and with sufficient uniformity, and sufficient difference from other diseases, to permit of their being described in general terms, and to justify their being called by distinctive names. And of these again, for they are numerous and various, I shall select only that group which seems most attractive; the group of those, namely, of which there seems reason enough for believing: First, that they were, lately, new diseases and have become more frequent; and, secondly, that they are due mainly to morbid conditions changing and combining in transmission from parents to offspring. I say due mainly. It is certain that changes in the external conditions of our life have influence on even those morbid conditions which are most personal; but this influence is very hard or impossible to trace in the cases which I have in mind, and it may to-day be neglected though not forgotten. For, in all these cases, the personal factors and those of which alone I have to speak are more potent than the conditional, the inner than the outer. We call these diseases constitutional, diathetic, or by similar names; but the chief fact in them is that they, or the necessary previous states or predispositions to them, are inborn and inbred.

Let me first show that there is reason enough for believing that some rare diseases of this kind were recently—say within the last century—new; and that more recently, though still rare, they have become more frequent. There is, I know, a general unwillingness among pathologists to admit that there are new diseases of this kind; and this un-

willingness is often just, for many diseases that may seem new have probably existed long and been overlooked; they may be new to knowledge, but not new in fact. Bright's disease and Addison's disease were new in the sense of having first been well observed and described by those whose names they bear; but no one would venture to say of diseases so difficult to detect, as these used to be, that they did not exist long before they were well observed. We could as well believe that embolism never occurred till just before it was found out, or that right-side hemiplegia used not to be associated with aphasia. These things were old before they seemed to be new; but how long they had existed neither records nor museums can tell. It would be, indeed, very interesting if we could tell the time and manner of first appearing in the case of many diseases, which are now common; but it is scarcely ever possible. And yet, if you will allow me a digression, let me show what in some instances museums may supply, and what I hope they will in the future supply much more largely. Here are specimens of typhoid ulcers of the intestines preserved by Hunter. Few things have been more important in the knowledge of fevers than the clear proofs of the distinction between typhus and typhoid given by Sir William Jenner in 1850. It was one of the best life-saving discoveries of this century; before it both diseases were at least partially misunderstood, and neither was so well-treated as now. Since the distinction between them was discovered it has been possible to trace in old recorded cases probable instances of both; but there is nowhere so clear evidence of the occurrence of typhoid a century or more ago as is given in these specimens of Hunter's preserved without name or history; not unobserved, and yet not in any fair sense understood. Now in this, as in many things, Hunter set us a good example. He did not think those things unimportant which he did not understand. He was a thorough naturalist, and kept specimens of everything in his field of study which, though not yet, might become useful.

But, however much of what seems to be new we may justly ascribe to our previous oversight of what was old, there yet seems to be evidence enough that new diseases are in progress of evolution, and that, as I have said, some of the rare diseases of which I have to speak are the earliest instances of the new. Good evidence of this kind is to be found, I believe, in the peculiar joint-disease discovered by M. Charcot in association with locomotor ataxy, and in the disease of bones to which I have given the name of osteitis deformans. Neither of these, I believe, was described till within the last few years. They may

have been overlooked, but to believe this we must believe what is very improbable. We must believe that all the most acute and observant practitioners before our time overlooked, not merely obscure and transient diseases, difficult to study, but cases which lasted many years and gave constant great distress and were manifested in signs so plain that they could be recognized in the shape and gait, in the posture and whole aspect of the patients, in strangely large heads and curved limbs. And, further, we must believe that the morbid anatomists before ourselves overlooked changes of structure of the largest, most obvious, and most striking kind. It is, surely, very unlikely that they who studied and recorded such cases as those of extreme rickets and mollities ossium, and even called it rachitis aduratum, should have left unnoticed the cases of the two equally and somewhat similarly disfiguring and damaging diseases. This great improbability is strengthened by that which I believe to be a fact, that we have none but recently collected specimens of either of these diseases in our museums; none even among the crowds of bones and joints collected by our predecessors.

In twenty-six years I have seen twelve well-marked cases of the osteitis deformans, and about twenty many in which it was only partially evident. In the last six of these years I have seen seven of the cases, and others have been published, and yet I cannot find evidence that the disease was ever seen by any of those who had practice like my own. Brodie and Stanley, who saw as many cases of diseased bones as any surgeons of the last generation had seen no case but that which I showed them more than twenty-five years ago in the patient from whom these specimens were taken. Moreover, I cannot find an old specimen in our museums, or a representation of one in any book or plates, or a description of one in any catalogue. This might not seem very strange in the case of specimens troublesome or expensive to keep, or such as are said to "show nothing." But these are very striking deviations from health, very plainly to be seen, and dry bones are neither costly nor troublesome to keep. We have large numbers of them collected by Hunter, Howship, Langstaff, Liston, Cooper, Stanley, and others, who collected not merely illustrations of diseases well known to them, but whatever was curious, whether it were understood or not. They would have looked on these bones as gems.

I might repeat this statement in nearly every particular concerning M. Charcot's disease. I believe there is not an old specimen in our

museums. There is not one in the Musée Dupuytren; I cannot find a notice or an illustration of one. And yet this disease is now so far from being very rare that Dr. Buzzard has had nine cases under his eye at one time, and several have in recent years been shown in our societies.

Let me adduce one more instance of what I believe to have been new diseases within this century, though the museum evidence is not so strong as in those of which I have been speaking. Many believe, and, I think, quite rightly, that instances of typical gout, such as gained for it the name "podagra," have lately become comparatively rare, and that a large number of less acute diseases, regarded as forms of incomplete or suppressed gout, are much more frequent. It may be that some or many of these lesser forms were always as common as they are now, but were overlooked or were not distinguished from other similar ailments. But here is a specimen of the effects of phlebitis of the femoral and external iliac veins, which, with its history, may tell that gouty inflammation of the veins was, fifty years ago, if not a new disease, yet a much rarer one than it is now. Sir Henry Halford saw as much of gout, I suppose, as any man that ever lived; for he was for many years, during a very luxurious period, in the largest practice among the richest people in this town. He gave an account in 1832 of what he called phlegmasia dolens in the male. The disease so-called was common and well-known in women after parturition; so that, to justify his essay as a record of cases hitherto unobserved, it was enough for him to speak of phlegmasia dolens as occurring in men. He speaks of it as having been not long before regarded as "immediately occasioned by a deposit of milk;" but that "being tested by a more exact pathology," it was now attributed to "an inflammation of the veins of the pelvis." And he says, "he was much mistaken if he had not seen three instances of it" in men "within the last few years." He then relates the case of the nobleman from whom, several years afterward, this specimen was taken by Sir Astley Cooper—an admirable example of phlebitis, which we may be nearly sure was gouty, showing the changes in the blood-clots and in the walls of the veins during many years.

At the present time, phlebitis of this kind in the male can scarcely be called a very rare disease. There are few, I imagine, in large practice who have not seen many more than three cases within the last few years. So, we may believe, I think, that the disease has become more frequent in the last fifty years; and may suspect that not long before Sir

Henry Halford's time it may have been a really new disease. It is hard to believe that it could have been overlooked. Its characters are strongly marked and evident to both eye and touch; it is a very painful, disabling, long-enduring disease, often recurring, sometimes observed in several members of the same family, and commonly leaving the affected limb large, heavy, and clumsy for many years. Could this have been overlooked when similar limbs, in consequence of an allied, though not the same disease, were known and described in women, and while, as it happened, the subject of phlebitis, in its traumatic and pyæmic forms, was being very carefully studied? For there was a form of phlebitis much more common in the last century than in this; the phlebitis that occurred after bleeding. Hunter had studied this very carefully, had written on it, and shown it in these specimens; and after him, both this and the phlebitis after amputation were well known. Especially after the beginning of this century the phlebitis after amputation was thoroughly worked at. It was only three years before the publication of Sir Henry Halford's essay that Mr. Arnott's renowned paper on inflammation of the veins was published in the *Medico-Chirurgical Transactions*. In the same volume are the chief papers by Dr. Robert Lee on phlegmasia dolens; and he describes cases of phlebitis associated with pelvic cancer; but not one spontaneous phlebitis is mentioned by either of them.

Now, I think that in all these facts there is enough, not, indeed, to prove, but to justify the belief that we have here examples of diseases which have appeared in this country for the first time within the last century, and which have since become sufficiently frequent, and acquired sufficiently constant and distinctive characters to be described in general terms and called by new names. Let me repeat; these are not diseases hard to be discerned. They are so well-marked, so distressing, so long-enduring, and both during life and after death so large and distinct in all their characters that it seems impossible that, unless they were very much rarer than they are now, they could have been overlooked.

I think it probable that there are other examples of the like kind; but I do not know them, and would rather go on to the second part of my subject—namely, to show the probability, or, at least, to justify the hypothesis, that these diseases are among the instances of the results of morbid conditions, changing and combining in transmission from parents to offspring.

It should hardly be necessary to argue that changes of type in inherited diseases—changes which

may be compared with the variations of species or of varieties in natural history—do take place. Yet I venture to think that many of us are prone to think too little of these variations; to regard them as rather unmeaning exceptions, or as the results of some unusual external conditions diverting diseases from their customary course.

It will be better for us if we study, in pathology as in natural history, varieties as much as species; changes as well as more stable forms. Types of disease there are, standard forms, and the tenacity with which they are maintained—some, even, from prehistoric times—in all the varieties of the conditions of our lives is one of the most remarkable facts in all pathology. But they are not unalterable. Types vary in diseases, as in species; even in the diseases which depend least upon external conditions, and most on the qualities which are transmitted by inheritance.

Let me give some reasons why this must be.

1st. An exact likeness is never transmitted by inheritance; neither an exact likeness of either parent, nor an exact composite of both. This is evident enough in features, size, weight, and all that we can observe in external things. If we could be exactly endoscopic we should observe equal variation within; the same want of exact likeness in liver and lung, and, I venture to say, in blood and lymph and plasma, and whatever goes to make up the whole person, healthy or diseased. The inheritance of likeness in disease, or liability to disease is, indeed, clear evidence of the transmission of likeness in the very minutest structure and composition. But the likeness is never perfect, it may in different persons deviate this way or that; it may vary toward disease or back again toward the healthy type; but it is never perfect, and in successive generations its degree of unlikeness may increase to a great width of difference.

2d. The certainty and probable extent of this variation must seem the greater if we consider the mingling of diatheses, and of all dispositions and liabilities to diseases in transmission from and through both parents. Consider the difficulty of maintaining the "breed" in any of the varieties of the species domesticated or cultivated by us, in horses or dogs, in pigeons or in seedling plants; the care that both parents should be of the same blood, or the same race, and that their produce should be raised in all due conditions; and then consider how numerous and wide, in spite of all this care, are the deflections from the type. With these facts before us we cannot imagine that diseased conditions should often be transmitted singly and unchanged; it is,

surely, not likely that disease should be transmitted with more fixed conformity to type than normal compositions are. Hybrids and mongrels must be even more common among diseases than among species and varieties.

3d. And, in thinking of the variation of diseases by combining or convergence of inherited qualities, we may not limit our thoughts to a single generation. It is reasonable to believe that instances occur of reversion, in which diseases or tendencies to disease may appear after a lapse of many generations. Such, I expect, are some of the cases in which leprosy has been seen, even of late years, in this country in persons never exposed to any of its external causes; and to the like of this we may refer, I think, some of the rare cases which defy all efforts to refer them to any combination of types of disease now prevalent.

Now, I half wish that I could escape from the necessity of testing my doctrine by my facts; but as I have often asked myself, so others may ask, how can the cases of rare diseases of which I have been speaking, be explained as the results of morbid conditions changing and combining in transmission from parents to offspring. In the phlebitis we may often trace a variation from the customary type or standard of the very old and heritable disease, gout. In many cases its relations to typical gout are clear. The patients are members of gouty families, and in many of them other signs of gout are evident, either coincidently with the phlebitis or at other times; it has, in short, all the evidences of being one of the many forms of what is called "incomplete gout." But, for a reason why this variety of gout settles (if I may so speak) in veins, especially in those of the lower extremities, I can only guess at a convergence of inherited dispositions both to a modified form of gout, and to some condition of veins rendering them, among all the structures, the most sensitive to the gouty process. Certainly it is not accident which determines the disease to the veins, for this disease "runs in families." I know of its occurrence in two brothers and three of their cousins; and I have heard Sir Charles Locock tell of four sisters who had phlegmasia dolens and whose father had crural phlebitis.

I am conscious that this is little more than guessing, and for the osteitis I must guess still further; or, rather, let me say that, to the furthest bounds of propriety, I must exercise that use of the imagination which may happily discern a way toward the truth. I imagine, then, that a likeness of the osteitis deformans to several other diseases may indicate a combination, in definite proportions, of

transmitted dispositions to those diseases ; a combination which has become possible by changes of the type of one or more of them. First, it shows some relationship to mollities ossium and rickets, for, though it is an inflammatory disease, which they are not, yet the softening which permits of the curving of the bones is distinctive, and hardly occurs in any other form of inflammation of bone in middle or later life. And, again, the relation of the osteitis to rickets and mollities ossium is notably indicated in the porous thickening of the skull, which is found in some instances of them all, and which is well marked in our specimens of genuine rickets from erroneous diet in young lions and young monkeys. Further, there appears some relation to gout, for some of the cases have known inheritance of gout, and instances are sometimes seen, in typically gouty persons, of a single bone having all the characters of the osteitis, though all the other bones appear healthy. Such a one is this femur, for the opportunity of showing which I am indebted to Mr. Bowlby of St. Bartholomew's. There is a likeness, also, it may be said, to the osteo-arthritis and other forms of rheumatic gout in the remarkable maintenance of good general health during even many years of a painful and crippling inflammatory disease ; and, further, there appears some relationship to cancer in the singular frequency with which cancer or sarcoma occurs in the healthy bones or other parts of those who have suffered for many previous years with osteitis deformans.

Thus, I imagine, by inherited dispositions, accumulating and combining or converging in definite proportions, this disease may be produced. I would try to imagine the genealogy of M. Charcot's disease, but that I have too little clinical knowledge of it. I can only suggest a combination of osteo-arthritis with syphilis chiefly localized in some spinal nerve centre ; but I believe far better suggestions may be made by those who, suspecting a combination of diseases rather than many radiating from one source, will carefully study the essays of Professor Charcot and Dr. Buzzard's admirable clinical lectures on "Diseases of the Nervous System." Besides, I may seem to have guessed already more than enough. Let me, therefore, say that even if my guesses are wrong, my error cannot weaken the probability of the belief that these and other rare diseases of like kind are instances of settled varieties of diseases, severally due to variations and convergence of morbid conditions in hereditary transmission. And if this be in any measure true, or even not more than a reasonable hypothesis, then it must be of great importance that we should know much more

than we yet do of the variations which, in progress of time, diseases, or certain examples of them, may undergo ; of their deviations in a gradually increasing number of instances from typical or standard forms ; their acquirement in those instances of other comparatively fixed and long-abiding characters ; of the occasional disappearance of old forms of disease, and the evolution of new ones. Such variations in diseases should be studied as Darwin studied the variations of species. Let me be clear in saying, as Darwin studied ; for in the pursuit of new knowledge he may be a model to all, as he has been to me so far as I could imitate him. He, as I know, would have studied these things, not by deduction, as from a law exactly formulated and from which he could trace the course of every change, but by a most careful collection of facts, facts to be seen in specimens and read in full records, and stored in museums, and by a study as complete for every case as if no law of evolution had ever been discovered.

Let me add that the study of these variations of diseases is not one of mere pathological curiosities. It may be of great practical utility ; let me show how, if only that I may provoke some to pursue it vigorously to whom mere pathology is not attractive. We hear much, and often, of the uncertainty of medicines ; of disappointments in the use of this or that supposed remedy ; and substances which have long been in good repute for the treatment of this or that disease are spoken of with disrespect. It need not be questioned that in many cases the belief in the utility of a medicine has been maintained by completely erroneous observations. Such was the belief in the utility of infinitesimally small doses of anything ever yet swallowed. And other beliefs less evidently absurd may have been nearly as ill-founded. But there are many of which this is not to be said. It cannot be doubted that bromide of potassium is often very useful in epilepsy ; yet sometimes, as we say, it fails ; or that guaiacum is useful in some cases of chronic rheumatic arthritis, and is in others very disappointing ; or that arsenic sometimes does and sometimes does not do good in cases of lymphadenoma. I suppose there is not a medicine in the pharmacopœia which does not sometimes disappoint him who gives it hopefully ; not one which is not, therefore, spoken of with contempt or blame, as if it were a responsible agent convicted of default. But here is an unfair imputation. It is not these medicines which are in fault but ourselves. That which some call the fallacy of therapeutics is generally the fallacy of diagnosis. To state the facts roughly, we suppose cases to be alike

which are really different ; and, very naturally, the medicine that does good in some of them is useless in others. For example, in the group of cases which I chiefly have in view, we do not always discern when a disease has varied so far from its usual type that it is no longer amenable to its usual remedies. A better diagnosis must precede a better therapeutics. We need not only the diagnosis between diseases essentially different, but that between the different and varying forms of each of those which we call by a generic name ; and beyond this, we need a more exact power of what may be called analytic diagnosis ; for there are few simple cases, and in those which are not simple we need to be able to discern all the components, and the proportions in which they are mingled and combined. Better treatment will follow better diagnosis, and better diagnosis will certainly follow a more exact pathology.

Let me illustrate this with an instance which is besides of some interest in the study of the variations of transmissible diseases and of the utility of museums. Questions are often asked as to changes which syphilis may, in course of time, have undergone ; and, especially, whether internal organs were always, as they are now, liable to its attacks. It is hard to answer such questions on the evidence of any existing records ; indeed, I might cite the whole history of syphilis as an instance of the insufficiency of records for the tracing of the natural history of diseases. But here is something suggesting what museums may do : a portion of muscle preserved by Hunter, and at least a century old, in which are morbid changes which may be safely referred to syphilitic gumma. Probably similar evidence may be found in other museums ; and there are other facts significant of the existence long ago of these internal syphilitic diseases, as well as of the improved treatment following better diagnosis. Fifty years ago, at the beginning of my professional studies, it was the custom, as it long had been, to give mercury not only in all recognized syphilitic cases and in most acute inflammations, but in a large number of cases of which one could scarcely say more than that they were all chronic and all obscure. Especially there were many such cases of what were considered chronic inflammation of the eyes, and of the brain and spinal marrow, the liver, and the testicle. To all of these cases it was customary to give mercury till, as one said, "the mouth was touched," and thus some were cured, and some uncured, and some harmed. The cures were enough to keep the mercury in such good repute that it was given more and more generally ; and

then the disappointments, as they were called, became too many, and the mercury was blamed, and was almost disused for chronic inflammations. But, meantime, a more exact pathology, a pathology more exact both in its morbid anatomy and in its clinical studies, was discovering the previously unsuspected syphilitic diseases of internal organs and with this better pathology there came a better diagnosis, and with the better diagnosis a more judicious use of mercury, and good reason to believe that the chronic and obscure cases which mercury used to cure were those of syphilis overlooked. The case is an exemplary one of the relations between the true pathology and the right treatment of diseases, exemplary not only for encouragement, but for method of study ; for the study was both clinical and anatomical, in the living and in the dead, with records and with specimens. Such must be our study of all the cases which I have chosen to speak of—the cases in which diseases deviate from their usual type, or combine in various proportions, after the manner of hybrids and mongrels or new chemical compounds. But there are some rules in study which are especially applicable to these cases.

1. We should very carefully study all cases which are not according to an admitted type. We should study all exceptions to rules ; never thinking of them as unmeaning or accidental. Especially, we should never use, in its popular, but wrong translation, the expression "exceptio probat regulam ;" as if an exception to a rule could be evidence that the rule is right. If we use it, let this be in its real meaning ; translating it, as surgeons should, that an exception probes a rule, tests it, searches it—as the Bible says we should "prove all things"—to its very boundary. In this true meaning the words may be an excellent motto for the study of all diseases that deviate from types.

2. We should look out for indications of the existence in the same person of two or more morbid conditions or dispositions such as may be derived from both parents or from several ancestors. For, as in plants and animals there are hybrids and mongrels, or, as in chemistry, many compounds and mixtures, so are there in diseases. We see them in the multiform varieties of what we have to call rheumatic gout ; in gout crossed with scrofula, and syphilis crossed or mingled with scrofula or with gout. It is often not difficult to discern some of these combinations among our cases, and I know few things in practice more useful than to be able, even in some instances, to adjust our treatment to the proportion of each disease in the compound. But we may be sure that there is much more to be learn-

ed in this direction ; and it is best to believe that we rarely have to do with a simple and unmixed morbid constitution. There are few worse habits in practice than that of commonly saying of our case "It is all gout," and of another it is all scrofula, or all syphilis. We might as well say of any Englishman that he is all Norman, or all Anglo-Saxon, or all Celt. We may, indeed, sometimes see persons who appear to be as types of races unchanged in many centuries, but in practice we had better study every man as, for better for worse, a composite of many ancestors.

3. We should have for all these cases a much more complete and exact study of all the personal conditions of disease than is now usual. Of course this should include all that can be learned of each patient's family history ; though there are few parts of medical inquiry more fallacious than this often is ; and at the best it will need, besides, the exactest study of the patient's self. Perhaps the brilliant success which has been achieved by the recent studies of disease-producing organisms or other materials acting on us from without—a success not equalled in any other field of medical inquiry—has made some think too little of those changes within ourselves which occur in such ordinary conditions of life that they may be called spontaneous. Yet those are not less important in the production of diseases, and these must be studied ; just as in agriculture soils must be studied as well as seeds. This is true even in respect of those diseases whose essential causes are most evidently external, even of those which are due to specific contagia ; their germs or seeds, if I may so speak, will not germinate in an unfit soil. I suppose there is not a day in which most of us do not inhale or come in contact with the germs of some frequent or contagious disease ; but they do not germinate in us any more than do the seeds of tropical flowers in our streets or in the fields to which the wind scatters them ; we do not offer the fitting soil. And even among those in whom they do germinate, the product varies according to the soil. And the study of this soil, this living soil, is yet more necessary in respect of diseases which come, in part or wholly, by inheritance ; for it is in each as personal and distinct as any other constituent of personal character, and the study of it must be intimately personal, with an exact analysis of every disposition to disease. The aim of pathologists in this direction should be for knowledge like that of the keen family practitioner, who, as he says, knows the constitution of every member of a family.

All this is equivalent to saying that these variations in diseases must be studied both in practice

and in scientific pathology. It is hopeless that either a practitioner who thinks lightly of pathology, or a pathologist who thinks lightly of observant practice, should do more in the study of these questions than attain to that measure of partial truth which is often as deceptive as error. Each must be tested by the other. The living and the dead must be alike and equally studied ; and the dead must be studied in exact observations, with accurate records, and especially with museums.

I need not dwell on the value of good records, good descriptions, and good photographs, or other representations of diseases ; but they never have been, and, probably, never will be, enough. We need, with them, museums in which changes of structure may be preserved for repeated and revising study and comparison. For instance, in regard to the group of diseases of which I have been speaking, we ought to have in our museums specimens in which we might study all the gradations of change of structure from type to type, all the changes due to mingling of forms, all varieties of diseases, all hybrid forms. We need to be able to study all these things as the naturalist or the comparative anatomist needs his specimens ; not only for teaching what is already known, but for continued re-examination and continued additions to his own knowledge.

And for complete study we must have large museums showing the coarse naked-eye characters of diseased structures. I am sure no one will think me likely to depreciate the microscope ; it has added, and will continue to add, more than can be told to our knowledge ; but it has not diminished the value of other evidence ; and in pathological anatomy, as in all our sciences, there are many instances in which the naked eye sees facts with more meaning than the microscopic one can.

This is especially true in the case of morbid structures resulting from nearly allied diseases, and, therefore, especially true for those of which I wish to urge the study. In morbid structures as in species, the nearer the alliance the less are the differences to be found in minute structures, and the more must we depend for distinctions on the study of visible shapes, and sizes, and constructions. I suppose that we could not with the microscope distinguish the human skeleton from that of the monkey ; certainly, we could not distinguish one skull from another in all those varieties of national form which are collected in our museum. And so it is in many instances of morbid bone formation. I doubt whether microscopic examination could detect characteristic differences in each of this group of

specimens. With the naked eye it is sure that this is a syphilitic node on a tibia, and this a growth beneath a chronic ulcer over the shin, and this a pedicled exostosis, or ossified cartilaginous outgrowth from the shaft of a long bone, and this an instance of osteo-arthritis, and this a portion of the skeleton of an osteo-sarcoma or osteoid cancer.

Moreover, it is to be observed that in morbid structures, as in those that are natural, in the same proportion as the aggregated elements of embryonic structures acquire their complete and final form, so do the bodies composed of them acquire distinctive shapes and methods of construction plain to the unaided senses. The ova of many species may seem alike both in outer shape and in their component elemental structures. But in proportion as these structures are differentiated, and developed into their higher and abiding forms, as into nerve fibre, and muscular fibre, and the rest, so the larger characters of even the nearly allied species—the characters of shape, and size, and appropriate construction of the whole body, and of each part of it—become more and more different; and these constitute the real distinctive characters of each species.

And so it is in morbid products. The acquirement of distinctive shapes and methods of construction coincides with the development of elemental forms. For example, in these sarcomata are only the lowest elemental structures, round cells, spindle cells, and shapeless plasma; and the masses thus combined are shapeless, featureless, decisive by negation. But in these fatty and fibrous and cartilaginous and bony tumors, in which the elemental structures have advanced to higher forms, the masses which they severally compose are almost as characteristic and distinct in visible shape and construction as are the several normal organs of the body.

In every case, then, both the largest and the smallest characters should be studied. The naked eye can discern one set of facts, the aided eye another; both are essential to complete knowledge; no one should be content with either, for neither is alone sufficient. So we must have large specimens as well as small ones, and certainly large ones for the study of the gradual variations of diseases as they deviate from typical forms, and become variously mingled.

And now, as I come near to my term of time, let me, as is customary in certain other places, conclude with an earnest appeal to your liberality. We want liberal contributions, not of money, but of specimens to our museum. We want specimens of many kinds; of course we want whatever is rare, but not these alone; we want some to complete our

series of typical specimens; and, to keep to the chief subject of my lecture, we want the opportunity of choosing among many of what are called "bad specimens." We are all too ready to collect what are called good specimens as being well-marked instances of the standard characters of diseases, and to put aside as "bad" those which deviate from those characters, just as, clinically, we speak of good and bad cases of a disease. Of course, good specimens, typical specimens, must be at hand for the teaching of pupils who have to study illustrations of the accepted descriptions of diseases; but it is among bad specimens, even as it may be among exceptional cases, that those who are past pupilage though they have not ceased to be students, may study the variations of disease. I ask the more boldly for contributions to the pathological collection because of its present satisfactory condition and the activity of work in it. You will soon see it in the repaired and renovated building. Looking at the number and value of the specimens and the wide range of pathology which they illustrate; looking at the interest of the history of our science which is told in many of them; at the memorials of Hunter and Matthew Baillie, of Astley Cooper, Liston, Howship, Lawrence, Hammick, Fergusson, Hilton and many more; looking forward to what the museum will tell of the researches and skill of those who are still with us, and among whose names I venture to feel sure, Mr. President, that none will take precedence of your own, while men study the specimens with which your skill and just audacity in operating have enriched the series of diseases of the ovaries and uterus: looking at all these things, and then at the perfect order and condition in which the specimens are preserved, I feel that the collection is one which all we members of the College may feel personal pride in calling our own, and should feel personal duty to enrich. And its utility is being constantly more appreciated. I have been often made happy by the contrast which I have seen while working at the new edition of the catalogue. While I was writing the last edition, between thirty and forty years ago, scarcely a student ever entered the museum. Hour after hour I sat alone; I seemed to be working for no one but myself, or for nothing, but the general propriety that a museum ought to have a catalogue, though no one might ever care to study with it. Now, and for some years past, a day rarely passes without many pupils and others being at work in every part of the museum.

All this is good; but much more is to be done. Our museum should be, even more than it is, the centre in which all pathologists may find help in

searches after that which is not yet known ; in such searches, for example, as may lead to a complete knowledge of the variations of diseases. For many years, even from the beginning, the anatomical and physiological departments of our museum have been not only a noble collection of specimens, but, through the renown and learning of its conservators, a great centre of teaching. Scientific men, especially comparative anatomists and anthropologists, have known that here, if anywhere, they could find whatever help a museum and a master in those sciences could give. A fortnight ago the President of the Royal Society, presenting one of the royal medals to Professor Flower, said : "Professor Flower has been for more than twenty years conservator of the museum of the Royal College of Surgeons ; and it is very largely due to his incessant and well-directed labors that the museum at present contains the most complete, the best ordered, and the most accessible collection of materials for the study of vertebrate structures extant."

It is not for me to praise the pathological collection with similar words. But great as may have been its utility hitherto, we may be confident that it will henceforth be more useful than ever. In the vast increase of the biological sciences it became impossible that one man should be nearly complete in the knowledge of both natural and pathological anatomy. I say impossible. I believe there is not such a one living ; if there could have been one it might have been Mr. Flower. Now, we may hope that labors as "incessant and well-directed" as his will be devoted especially to the pathological collection.

It is known to many of you that Sir Erasmus Wilson, in his usual liberality, gave the College £5000, of which the interest should be spent in the promotion of pathology ; and he agreed that this would best be done by helping to the appointment of a curator of the pathological department of the museum ; and we have an admirable one. Mr. Eve is a worthy colleague and helper of Mr. Flower, excellent like him not only in knowledge, but in that which is even more rare, the love of museums, and of all that belongs to their maintenance and illustration, even to the making of catalogues. In all these good qualities he has distinguished himself at St. Bartholomew's. I believe that we may rely on him for making so good use of the museum, and of all that can be brought to it, that the College shall be the chief centre for the study of pathology, even to the furthest point at which it can be studied in specimens of diseased structure. I beg your help that he may be so ; and if I shall have helped to-day

to this good result, the first Bradshawe lecture in our College will have well fulfilled the purpose of its founder."—*British Med. Journal*.

ORIGINAL CORRESPONDENCE.

715 and 717 MARKET ST., PHILADELPHIA, }
December, 1882.

DEAR SIR : We desire to inform you that the Fifteenth Edition of the United States Dispensatory will be ready in January, 1883. The editors are Dr. H. C. Wood, Professor of Materia Medica and Therapeutics in the University of Pennsylvania ; Joseph P. Remington, Professor of Pharmacy, and Samuel P. Sadtler, Professor of Chemistry, in the College of Pharmacy of Philadelphia. The revision has occupied about three years, and has been in all respects most thorough and complete, embracing the most recent discoveries in Materia Medica, Pharmacy, Chemistry, and Therapeutics.

The relation of the work to the United States Pharmacopœia will be fully maintained, while the encyclopædic character of the Dispensatory will be developed to the greatest extent. The new Pharmacopœia will be in all its parts fully expounded and discussed, and the most recent non-official medicines as well as those long out of date, will be carefully considered in the second part of the work.

J. B. LIPPINCOTT & Co.

PROCEEDINGS OF SOCIETIES.

NEW YORK SURGICAL SOCIETY.—THE PRESIDENT, THOMAS MARKOE, M. D., IN THE CHAIR. DR. J. C. HUTCHISON read a paper on Subcutaneous Osteotomy below the Trochanter.

DR. SANDS referred to a case occurring in an adult in which he performed Adams's operation. The deformity was ankylosis at an angle of 110° , the result of articular rheumatism. He divided the neck of the femur, and the wound healed by adhesion under a simple dressing. The man was kept in bed for six weeks with a view of obtaining bony ankylosis in a straight position, but a false joint formed, and when he left the hospital, two months after the operation, the limb was shortened one fourth of an inch. A year and a half after the operation the limb was shortened three fourths of an inch, and still there was a movable joint, but the deformity was entirely relieved. As in Dr. Hutchison's case, it was necessary to divide some of the tendons in order to bring the limb into proper position. The final result was that the patient was able, without a cane, to walk

with only a slight limp, and with a cane no limp could be detected.

Dr. C. T. POORE remarked that he had not seen reported cases in which motion remained after section high up, except in Dr. Sands's and Dr. Sayre's cases, and one published by Dr. David L. Rogers, in 1830, in which motion existed three and a half years after the operation. Barwell, of London, has reported a case in which he performed double section high up, adopting Gant's method, and the patient died on the forty-seventh day from bed-sores. The case was one of ankylosis from double strumous hip-joint disease. He thought that osteotomy, as performed by any of the usual methods, could hardly be called subcutaneous.

Dr. HUTCHISON thought that Gant's operation was subcutaneous, as the skin was drawn well to one side before the puncture was made.

Dr. POST had performed osteotomy at the upper part of the femur in two cases. In the first, performed many years ago at the New York Hospital, he divided the bone just below the lesser trochanter by an open section. The limb became gangrenous, and the patient died. At the autopsy it was found that the great vessels had become caught over the upper fragment of bone, and in that manner the circulation in the limb had been destroyed. The other case was one in which there had been double morbus coxarius. On a former occasion he had excised the head of the femur upon one side. The head of the femur upon the opposite side subsequently became diseased, and ankylosis occurred while extension was being used. As there was profuse, deep-seated suppuration around the bone, Dr. Post commenced the operation with the view of excising the head of the femur. But, finding that the head was inseparably connected with the acetabulum, he divided the bone with a saw just below the trochanter minor, and as the limb was considerably longer than its fellow, having divided the bone he removed a piece, so as to make the two extremities of nearly the same length. Ankylosis took place after the operation; the limb was in the straight position, and was useful.

Dr. HUTCHISON said that one of the most interesting cases he had met with among those reported was Mr. Lund's, of Manchester. There was ankylosis at both hip-joints, the result of rheumatic arthritis. The patient was unable to sit, could only stand or lie down. Mr. Lund performed Adams's operation, and succeeded in getting false joints, after which the patient was able to sit and walk very comfortably. The result was attributed largely to a sug-

gestion made by Mr. Adams that the patient draw up the limb several times a day, while the weight and pulley were attached, for the purpose of preventing union of the bone.

Dr. GEORGE A. PETERS directed attention to another method of correcting the deformity, namely, fracture of the bone, which he had regarded as safer than dividing the bone through an open wound. One difficulty, in applying the method, had been to produce the fracture at the exact point desired. This he thought had been overcome by the osteoclast devised by Dr. Fayette Taylor, a complete description of which had been published in the *New York Medical Journal*. In the case reported, Dr. Taylor fractured the femur just below the trochanter, straightened the limb, and Dr. Peters took charge of the case during its progress. The result was complete union with limb in good position. At the time the operation was performed, it seemed to him to be a much safer procedure than section of the bone, and he should be inclined to adopt it.

Dr. BRIDGON referred to the case of a girl, 18 years of age, who entered the Presbyterian Hospital with ankylosis at the hip-joint, and ankylosis of the right hand. As he recollected, the heel was five inches from the floor. While making an examination under ether, he accidentally fractured the bone about four inches below the trochanter minor. The limb was placed in the straight position, a fixed apparatus was applied, and union took place. The result was very good. The shortening was very much diminished.

Dr. SANDS said he was unable fully to understand how any instrument could determine the point of fracture within half an inch. If it was desired to fracture the bone where it was thickened as the result of inflammation, he should fear that it would give way at its weakest point. In his case the bone was excessively firm, and twenty-five minutes were occupied in dividing it. He was quite certain that the application of a force sufficient to cause fracture would have broken it at some lower point. With regard to the relative safety of osteotomy and fracture, he doubted if there had been sufficient experience to enable us to compare the two operations. Certainly osteotomy had been remarkably successful; and he should apprehend that if force enough was applied to cause fracture, the large blood-vessels might occasionally be injured.

Dr. PETERS said that when Dr. Taylor first proposed the operation he objected to it for the same reasons which had just been given by Dr. Sands; but when he saw the apparatus, and especially after seeing it used, he believed that there was an almost

absolute certainty that the bone would not be fractured except at the exact point selected.

The PRESIDENT suggested that fracture at a precise point, although he had not tried it in the class of cases under consideration, might be secured by first using Brainard's drills, and afterward the osteoclast. He had used the drills in several cases of vicious union with satisfactory results. Another suggestion was with reference to the accident which had occurred in Dr. Post's case. Perhaps the danger had been somewhat overlooked of the sharp edge of bone wounding or abrading important vessels. This accident had occurred to him—and Dr. Peters would recall the case—after dividing the bone in the middle portion of the femur with great difficulty with a chisel, in a case in which the bone exhibited a deformity nearly at a right angle; after necrosis he had the misfortune to rupture the femoral artery in making extension for the purpose of bringing the fragments of bone into proper position. The result was that the limb was destroyed, although the patient's life was saved by amputation high up. On examination of the limb after amputation, it was found that the artery had become attached to the posterior surface of the bone as the result of long-continued inflammation in connection with the necrosis, and of course when the bone was straightened the artery was torn across. He thought it was one of the points to be borne in mind in all operative procedures in this class of cases.

LITHOLAPAXY THROUGH THE PERINEUM.

DR. GEORGE A. PETERS reported a case as follows: On the 6th of November he removed a stone from the bladder of a boy ten years of age, who had suffered from symptoms of vesical calculus for five years. On examining the bladder with a Thompson's searcher, a stone was readily detected, and it was estimated to be of large size, hard and rough. The patient was prepared for the examination, and after he was placed upon the table, bimanual examination with one finger in the rectum and pressure made above the pubis detected a stone in the bladder, which was then estimated to be an inch in length. Appreciating the fact that he had to deal with a large calculus, Dr. Peters determined to perform the median operation with some modifications, and through the opening thus made in the urethra to crush and remove the fragments. The modification consisted in making the incision through the skin and some distance through the soft parts, and then introducing the knife in the usual manner, touching the groove in the staff, and dividing the urethra. A pair of forceps was then introduced

into the bladder, with the expectation of being able to crush the stone; but it was found to be at least one and three fourths inch in diameter, and the instrument too weak to break it. Considerable difficulty was then experienced in removing the forceps from the stone, as the bladder was empty and had contracted firmly. The forceps being removed, a short lithotrite, which had been made for him by Wiess, of London, for crushing stone in the female bladder was introduced, but after the calculus was grasped it proved to be so large that the instrument could not be locked; Bigelow's large lithotrite was then introduced, the stone secured and crushed several times, several of the large fragments removed with the forceps, and the operation completed with the scoop, passing it over every portion of the bladder. On introducing the finger, he found that the irritation produced by the operation had caused hour-glass contraction, so that there were some fragments shut up in the upper part of the bladder. Finally the bladder was completely emptied; the fragments and detritus collected weighed 470 grains. During the subsequent history of the case nothing of special importance occurred except high temperature—105° F.—during the first part of the twenty-four hours, but that readily yielded, and on the sixth day the boy began to pass water through the penis, and on the twelfth day the urine was passed entirely in the normal manner. From that date the case had progressed favorably.

Dr. Peters suggested that, should he again be called upon to operate in a similar case—a young bladder containing a large stone—he should perform litholapaxy through the perineum in the following manner: Make an incision in the perineum, enter the urethra a little farther forward than in ordinary median lithotrity, and by an incision only large enough to admit a lithotrite, and through that opening crush the stone and evacuate the fragments as in ordinary rapid lithotrity with Bigelow's apparatus.

In connection with the report of this case, DR. PETERS exhibited

AN APPARATUS FOR SECURING GOOD POSITION IN ALL OPERATIONS ON THE PERINEUM, THE BLADDER, THE VAGINA, OR THE RECTUM.

It had been brought from London by Dr. T. A. Emmet, and consisted of two padded rims, rings, or bands to encircle the leg just below the knee; to one ring was attached a steel pad; through the other a barrel which received the rod. The rod could be secured at any point by means of a thumb-screw passing through the wall of the barrel, and thus permitted any degree of extension required

(consequently separation of the knees and placing the perineum on the stretch). To the inside of one ring was attached a strap which had to pass around the patient's neck and be held fast with a buckle at the inner side of the opposite ring. With this strap the elevation of the limbs could be regulated.—

News.

REVIEWS.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN.

By LOUIS A. DUHRING, M.D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania, etc., etc. Third edition, revised and enlarged. 8vo. pp. 685. Philadelphia: J. B. Lippincott & Co. Price \$6.

Nothing more is necessary than to call attention to the issue of a new edition of this classic work. The author is so well known that its announcement is sufficient.

A TREATISE ON FRACTURES. By LEWIS A. STIMSON, B.A., M.D., Professor of Surgical Pathology in the Medical Department of the University of New York, etc. With Three Hundred and Sixty Illustrations on Wood. Philadelphia: Henry C. Lea's Son & Co. 1883.

This is the first new book of the new year. It is unique, in having no preface. It is not prepared, therefore, to "meet a want," or "at the request of many friends." It has, so far as the author's opinions are known, no *raison d'être*. All of this is therefore novel indeed.

In examining the work, one is impressed with the conciseness and propriety of the diction. There is no effort at fine writing; and in no instance does the author try to make the reader laugh or grow sad. Such exceptions in books are worth noticing.

The work, as a whole, is a judicious compilation, and there is comprehensively and concisely massed together the best views and the best practice of the best men. This is even better than original work, though such is not the general opinion. There is little of original record or suggestion displayed, and little attempted. The judgment and extensive reading and sound eclecticism and extensive experience everywhere manifested, are very welcome and valuable.

It is a most valuable work, and far better than any fragment of a volume on general surgery. It is profusely illustrated; many of the cuts are original, and they are all excellent and well prepared.

As a treatise on fractures it is a complete success, and it is issued in a manner thoroughly commensurate with its merits.

LABOR AMONG PRIMITIVE PEOPLES. Showing the Development of the Obstetric Science of To-day from the Natural and Instinctive Customs of all Races, Civilized and Savage, Past and Present. By GEO. J. ENGELMANN, A.M., M.D., Professor of Obstetrics in the Post Graduate School of the Missouri Medical College, etc. Fifty-six Illustrations. St. Louis: J. H. Chambers & Co. 1882.

This is one of the most instructive, most original, and most fascinating works in medical literature. It is a pleasure and a privilege to have a copy of it. There is not a line of compilation visible. All is the record of original research, extensive reading, and sound judgment.

Nothing is more entirely destructive of the "classic teachings" in regard to position in labor. It is shown conclusively that labor is about as safe in one position as in another, and that position is chiefly the result of racial custom, prejudice, choice, and dogmatic teaching. The physician realizes very thoroughly the absurdity of "the teaching of the schools" as to posture in labor, when he reads herein of entire safety in every posture imaginable; standing, suspended, inclined, sitting, squatting, kneeling, recumbent, etc.; in a chair, on the ground, in bed, in the lap, etc.; there being no apparent serious objection to any one.

Credé's method of placental expulsion is the rule adopted by the Penimonee Indians of the Pacific Coast; by the Sioux tribe; by the Mexicans; and by the tribe of the Utah Valley. One is tempted to exclaim, after reading such facts, "is there anything really new," even in obstetrics?

The book is beautifully illustrated; it is instructive, interesting, even fascinating. All who wish "a treat" in literature should make haste to send for a copy of it.

Nothing is said as to the author; he is too well known.

FOURTEENTH ANNUAL REPORT OF THE INEBRIATES' HOME, Fort Hamilton, New York.

This is an excellent and instructive report. Dr. Mason, the Superintendent, states that during the year five hundred and eighteen patients were treated. Of the three hundred and seventeen patients who left the home during the year, one hundred and ninety-five are in business and doing well, sixty-one were unimproved, and fifty-five were lost sight of.

As to the occupations of these, the largest number were clerks, sixty-five; merchants, twenty-eight; laborers, twenty-five; the idle, sixteen.

Of six hundred cases, one fourth had received a liberal education; about one in eleven were of the professions; a large proportion were skilled mechanics. Of the business men, all were above the medium point of capacity and intelligence. Dipso-maniacs come from the more intelligent and educated classes of society.

The records show that insanity and inebriety of one or both parents are frequent predisposing causes of inebriety.

Among the other causes of inebriety stand disease head injuries, phthisis, syphilis, gonorrhœa.

The record of cures of inebriety is quite as favorable as that of nervous disorders in general. As dipsomania begins between the ages of fifteen and thirty-five, it is possible for parents and guardians to take especial care of those having tendencies in this direction.

MISCELLANEOUS.

SIR THOMAS WATSON, BART.—To the entire profession and to a very large portion of the public, from the sovereign downwards, the death of this eminent physician, which occurred on the 11th instant, will be a source of deep sorrow. We purpose now to give a sketch of his very distinguished career.

Thomas Watson was born at Kentisbeare, in Devonshire, on the 7th March, 1792. He was educated at the Grammar School at Bury St. Edmunds, of which Dr. Malken was head master, where he was a contemporary of the late Bishop Blomfield, with whom he always retained an intimate friendship. On leaving Bury school he was entered as a pensioner in St. John's College, Cambridge, of which college his uncle, Mr. Catton, was then a resident Fellow. He graduated B.A. in 1815, being placed tenth in the list of wranglers, was elected a Fellow of his college in the following year, and became M.A. in 1818. According to the rules then in force at St. John's College, no Fellow could retain his Fellowship for more than a short time without being ordained. From this rule, however, two Fellows were exempted, one of whom was to study medicine. A vacancy having occurred he availed himself of it, and retained his Fellowship until he married in 1825. During his residence at Cambridge as Fellow of his college, a period of eight years, he took private pupils, many of whom

(including, among others, the late Lord Auckland, Bishop of Bath and Wells, and Lord John Thynne) continued their friendship with him in after life. He served the office of junior proctor in the University of Cambridge in 1823 and 1824.

In 1820 and 1821 he attended the medical classes in Edinburgh, and in a letter to his sister dated from Edinburgh he speaks of his intention to return thence in a sloop as being more economical and allowing the carriage of an unlimited amount of luggage. During his residence at Cambridge he made the acquaintance of his future wife, a daughter of Edward Jones, Esq., of Brackley, in Northamptonshire, who, as a favorite niece of the Rev. Dr. William Turner, then Dean of Norwich and master of Pembroke College, was a frequent visitor to Pembroke Lodge. They were married in 1825 in St. Luke's Chapel in Norwich Cathedral, and in the same year he took his M.D. degree. In the following year Dr. Watson was elected a Fellow of the College of Physicians, and in May, 1827, Physician to the Middlesex Hospital, an office which he continued to hold until November, 1843. For some years after he settled in London practice came very slowly, patients and fees were few, and he was not free from pecuniary cares and anxieties. In September, 1830, he had the great grief of losing his wife, who died suddenly three days after the birth of their second child. In a letter written to his sister a few days after this terrible blow occurs this characteristic sentence: "My business henceforward in this life must be to endeavor to train up the children, as nearly as I can, as she would have trained them, and so to live as to acquire, through God's blessing, a hope that we may all hereafter meet their poor mother in happiness."

At the opening of the medical school of King's College in the autumn of 1831 Dr. Watson was appointed Professor of Forensic Medicine, and what we believe to be his first contribution to medical literature appeared in the *Medical Gazette*, vol. ix., 1831, entitled, "Remarks on the Dissection of Bishop, and the Phenomena attending Death by Strangulation." Bishop had been hanged for the murder of an Italian organ boy, whose body he brought to the dissecting-room of King's College for sale. The late Professor Partridge had his suspicions excited, and gave the man Bishop into custody. He was tried and condemned, and after his execution his body was sent to King's College for dissection. After this Dr. Watson was a frequent contributor to the *Medical Gazette*. The same ninth volume contains clinical lectures "On Pulmonary Hæmorrhage and on Epilepsy." In the tenth vol-

ume there are the Lumleian lectures on "Hæmorrhage from the Stomach, Intestines, and Urinary Organs." In the thirteenth volume there is an admirable introductory lecture, delivered at the opening of the medical session at King's College. In the fifteenth volume appears a paper "On the Efficacy of the Vapor Bath in Cases of Diabetes." The sixteenth volume contains two lectures "On Rheumatism of the Heart," and a paper "On the Connexion of Hypertrophy of the Heart with Cerebral and Pulmonary Hæmorrhage." In July, 1832, Dr. Watson accompanied Sir Walter Scott from London to Edinburgh on his last sad journey from Italy to Abbotsford. In "Lockhart's Life of Scott" it is stated that Dr. Watson went the whole way to Abbotsford with Sir Walter; but in a copy of the work which he gave his son Dr. Watson has written the following foot-note: "This is a mistake of Mr. Lockhart's. I did not accompany Sir Walter to Abbotsford, but returned from Edinburgh to London."

In 1836, Dr. Watson was appointed Professor of Medicine at King's College, and he continued to hold this office until the spring of 1840, when, at the opening of the newly-founded King's College Hospital, he had to resign either his office of physician to the Middlesex Hospital or his chair at King's College, and he preferred to retain the former office. The resignation of his professorship, which was felt as a calamity by King's College, was attended with this great benefit to the entire profession and the public, that it led to the publication of his admirable lectures on the "Principles and Practice of Physic." The lectures were first published week by week in the *Medical Gazette*. The first lecture appeared on September 25th, 1840 (vol. xxvii.), and the last of the series on September 23d, 1842 (vol. xxx.). In the following year, 1843, they were collected and published in two volumes by Messrs. J. W. Parker & Son, West Strand; a second edition was called for in 1845, and a third in 1848. Two editions have since been published; one in 1857, and, lastly, the fifth in 1871.

The publication of these lectures, admirable as they were universally acknowledged to be, not less for the soundness of their teaching than for their lucid, elegant, and scholarly style, greatly increased the reputation of their author, acquired for him the well-merited title of the Cicero of English medicine, and led at once to a large extension of his practice. The well-known volumes had, for a number of years, probably a larger sale than any other similar work that has ever been published, and we have pleasure in recording here an anecdote illustrative of

his publisher's liberality, which was related to us by Sir Thomas Watson. Mr. Parker one day called on him and said that the sale of his lectures, and the profit resulting therefrom, had so far exceeded his (the publisher's) anticipations, that he did not feel justified in sharing the profits equally with the author, according to the terms of their original agreement; he therefore proposed that the author should receive two thirds of the profits, while the publisher retained one third. And as a practical illustration of his generous intentions, he handed the author a check for twelve hundred pounds. This surely is an example of liberality not unworthy of imitation.

At the College of Physicians Dr. Watson held numerous offices before he was elected President. In 1827 he was Gulstonian Lecturer; in 1830-31 Lumleian Lecturer; in the years 1833, 1834, and 1835 he gave the college lectures on *Materia Medica*; he was Censor in 1828, 1837, and 1838, and on the Council at various times between 1833 and 1868. From 1858 to 1860 he was the College representative on the Medical Council. In 1862 he was elected President, and he held that office for five successive years. The College would have gladly elected him for a sixth period of office; but he declined on the plea of advancing years, and at the annual meeting for the election of President, after referring in graceful terms to the Fellows who had died during the previous year, he bade the College, as their President, farewell in the following eloquent and characteristic words: "It only remains that I should attempt to do that which I feel to be well-nigh impossible—to embody in any form of words that I can devise the deep and inextinguishable sense of gratitude with which my mind is full for that kindness and trust which have placed me, year by year, on five successive occasions, at the head of the College of Physicians; in other words, at the head of the medical profession in this great country. According to my estimation, and ready more than once expressed, there is no nobler position in medicine, whether I look before me or around me to the body of men from whom it comes, or backward to the splendid list of names of those who have preceded me in the presidential chair—Linacre, Caius, Glisson, Sir William Browne, Percival, Sir George Baker; these, to go no later, and but a few of the eminent men and sound scholars with whom it may well be deemed a proud distinction to have one's name in any way associated. But, beside this great and repeated honor—the greater because so repeated—I have much else to thank you for. I have to acknowledge your indu-

gence toward the many shortcomings of which I am but too conscious. I have to express my thanks for your constant support and counsel in all difficulties, for your unvarying courtesy and deference, for the friendships which my official intercourse with you has formed or strengthened, and most especially for that recent signal and touching evidence of your approbation and esteem shown by your wish to possess within your walls some pictorial remembrance of my unworthy person. Of this high and generous compliment I can never, while life and reason remain to me, be otherwise than most gratefully, and I hope pardonably, proud. Further, I have to rejoice that the happy lustrum during which I have presided over your affairs has been harmonious and peaceful—disturbed by no unseemly quarrels or serious differences among us—stained by no scandal arising within our proper body, and productive, through your exertions and self-sacrifices, of something at least of benefit to the common weal. If I find anything to regret it is that I have not taken larger advantage of the opportunity which you have confided to me of promoting the interests of the College, and of our useful and noble profession.

“Still, I must cherish the hope that the college has suffered no abatement of its ancient dignity and renown through my occupation of the office, which I now respectfully render back into your hands. And so, without encroaching further upon your time and in redemption of the pledge which I gave you last year, I bid you, as your President, one and all, a cordial, affectionate, and final farewell.”

The “pictorial remembrance” to which he refers is an admirable portrait by his old friend, George Richmond, which was subscribed for by a large number of the Fellows, and which is now among the most cherished treasures of the college. A replica is in possession of Sir Thomas Watson’s family, and it has been successfully engraved by Samuel Cousins.

Dr. Watson was appointed Physician Extraordinary to the Queen in 1859, and in 1870 one of the Physicians in Ordinary. On the 9th December, 1861, he was summoned to attend the Prince Consort at Windsor in consultation with Sir James Clark, Sir Henry Holland, and Sir (then Dr.) William Jenner, and his attendance continued until the lamented death of the Prince on December 14th. In 1866 Dr. Watson was created a baronet, the honor having been offered to him, as he was informed by the then Prime Minister, Lord John Russell, by the express desire of Her Majesty. Among other distinctions which were conferred upon the great physician, he was elected an Honorary Fellow of his old col-

lege, St. John’s, at the same time with the late Sir John Herschell. He was Hon. D.C.L. Oxford, 1862; Hon. LL.D. Cambridge, 1864; and Hon. Fellow of King’s and Queen’s College of Physicians, Ireland.

In 1859 he was elected a Fellow of the Royal Society. For many years he was a most influential member of the Council of King’s College, London. During the session 1857–8, Sir Thomas Watson was President of the Pathological Society. In 1868, he became the first President of the Clinical Society; and in his inaugural address he urged upon the Society, with his customary good sense and grace of style, the supreme importance of an endeavor to obtain “more exactness of knowledge, and therefore more direct and intelligent purpose, and more successful aim in what is really the aim and object of all our labors—the application of remedies for the cure and relief of disease.”

During the last ten or twelve years of his life he had retired from the active practice of his profession, but continued to take great interest in all that concerned it.

Notwithstanding his advanced age, he enjoyed his usual good health, spending great part of the last summer and autumn with his daughter and his son’s family, partly at the seaside and partly at his son’s house, Reigate Lodge, Surrey. On Sunday, October 22d, he had attended the morning service, as usual, at the parish church. On attempting to rise from the table, after lunch, he made a sudden inclination towards the left side, and would have fallen if he had not been supported by his son, who was standing by him. He afterward took a short walk in the garden, but the left leg was found to be weakened, and he walked with great difficulty. He was seen at once by his neighbor, Dr. Walters, and on the following Wednesday he was visited by his old pupil and friend, Dr. George Johnson, to whom he calmly said, “This is the beginning of the end.” There was then some paralysis of the left leg and of the left side of the foot and tongue, but there was no appreciable weakening of the arm. The mental faculties and the power of speech were quite unimpaired. Drs. Johnson and Walters were of opinion that there was probably obstruction by thrombosis in some of the smaller cerebral arteries.

On the following Thursday, October 26th, after some exertion in walking across the room (up to this date he had been dressed daily and had gone downstairs), he was suddenly seized with difficulty of breathing, his face became blue, and he believed himself to be dying. There appeared to have been some sudden failure of the heart’s action; but in

the course of an hour or two the distress passed off. He was then carried to his bed ; and from that day he did not leave his room, and rarely could even be moved from his bed. It is neither necessary nor desirable to dwell on the details of the subsequent seven weeks. The condition was one of increasing weakness, and often of most distressing restlessness. Then there came irritation of the bladder with some retention, for which Dr. Walters was prepared to render the needful aid ; but the restless sufferer, with a firm conviction that he had stone in the bladder, insisted on having Mr. Lister telegraphed for ; and it was not until Mr. Lister had been sent for and had come a second time that he would allow Dr. Walters to give him the relief which henceforth was required two or three times daily.

During the last few weeks, a little milk with a small quantity of brandy was all the nourishment that could be taken. Weakness and emaciation, with a falling temperature, steadily increased. He retained his consciousness until within the last two days of his life, although his power of speech was latterly much impaired. It was believed that he understood and was gratified by a kind message of inquiry and sympathy from her Majesty the Queen. He was often soothed by the reading of a prayer or a hymn.

At length he sank into a slumber, and so on December 11th, near midnight came the final rest for which he had longed and prayed. To quote his own words with reference to his old and beloved friend, Dr. P. M. Latham, "Ripe in years as he was, and ready in spirit for the solemn change, his death must long be the subject of tender and sacred regret among the nearest and dearest of his surviving family and friends ; nor will his memory soon cease to be reverently cherished throughout a much wider circle."

Throughout the trying seven weeks of weakness and of suffering Sir Thomas was most assiduously attended by his kind friend and neighbor, Dr. Walters, and occasionally by Dr. Holman. He was also seen from time to time by his neighbor, Dr. Greenhow, who was always ready to render assistance when needed, and he was frequently visited by Dr. George Johnson. We have already mentioned that Mr. Lister twice obeyed the distinguished sufferer's summons. It need scarcely be said that all felt it a privilege to minister to the relief of one so universally revered and beloved.

He has left instructions that his burial in the churchyard at Reigate, shall be conducted without pomp or senseless parade ; and it has been arranged that the procession shall leave the house, Reigate

Lodge, within five minutes' walk of the railway station, at half past two this day the 15th inst.—*Lancet*.

RETENTION OF THE HEAD OF A MATURE CHILD, TOGETHER WITH REMAINS OF THE PLACENTA, IN THE UTERINE CAVITY FOR FORTY DAYS WITHOUT SYMPTOMS.—A contribution to the subject of the tolerance of the uterus to traumatic and septic influences, by Alois Valenta, of Laibach. (*Archiv f. Gyn.*, Band XVIII. Heft 3.) This was the case of a healthy, well-developed woman, aged thirty-five, the mother of four children, who was brought to the Laibach Obstetrical Clinic. The child presented by the shoulder, a physician was sent for ; he turned, and, after great difficulty, delivered the body of the child ; and, as he did not succeed in delivering the head, he cut it off, leaving it in the uterine cavity. Two other physicians were called, but neither did they succeed in delivering the head. No vaginal injections were used till the eighth day, when a midwife was employed to inject warm water two or three times a day for several days subsequently. Notwithstanding this neglect, she had no rigors or abdominal pain ; the functions of bowels and bladder were healthily performed ; appetite and sleep were normal. The only symptoms complained of were weakness and an offensive vaginal discharge. After admission to the clinic, vaginal injections of carbolyzed water were administered. There were no evidences of uterine contractions. The uterine tissue was represented by a thin layer stretched over the head. The local and general conditions indicated that involution of the body of the uterus had proceeded as far as possible under the circumstances, while that of the cervix appeared to be complete—a condition quite unfavorable for the extraction of the retained foetal head. The cervix was dilated with sponge and tupelo tents, ergot was given in large doses, and, by means of a polypus forceps, the head was broken up and extracted piecemeal, after the patient had been chloroformed. It was, however, necessary to incise the external os on both sides before the parietal bones could be extracted, as a laceration was imminent. During the process of extraction of the cranial bones, portions of tolerably fresh-looking placenta came away, and, when the uterus was otherwise empty, a piece of the size of the palm of the hand was discovered and removed. During the operation three per cent carbolyzed intra-uterine injections were repeatedly employed, and at its close a subcutaneous ergotine injection. The subsequent course of this case, the patient's second puerperium of one pregnancy, was entirely favorable. There were absolutely no unfavorable symptoms.

In his remarks upon the case, the author justly claims that it is very extraordinary in two respects: 1st, The tolerance of the uterus of a foreign body (as the head must be considered to have become) without any tendency to expel it; and, 2d, The absence of any septicæmia under such circumstances. With reference to the tolerance of the uterus of substances of this description, it is to be remarked that there are a few cases on record. Liebman has industriously collected a few cases, which he has published in the *Beiträge zur Geburtshülfe und Gynäkologie*, Berlin, 1874, Bd. III., s. 47. Freund also (*Deutsche Klinik*, 1869, No. 33) reports the case of a woman in whom the head of a child was retained within the uterus for ten years. As regards the second remarkable fact, the absence of septicæmia in these cases, the fact is pertinent to the question of the value of antiseptic intra-uterine injections when the lochia are offensive. When we reflect on the fact of how often a dirty finger or instrument is sufficient to carry the death warrant to a woman in labor and just after delivery, and compare these cases with those of the nature just related, we are forced to the conclusion that there are other conditions necessary to the setting up of septicæmia beside the presence of septic material.

Dr. Valenta accounts for the remarkable immunity of his patient by the original tetanic contraction and progressive involution of the uterus. The uterus was thus so firmly and tetanically contracted over the head that no air or gas could be accumulated between it and the skull of the child; and, further, the occipital foramen of the child was applied near or directly over the os uteri, so that the putrid diffuent brain matter escaped without any opportunity for contact with the interior of the uterus.—*Canada Medical and Surgical Journal*.

SUCCESSFUL MIDWIFERY—BABY INCUBATOR.—The most successful results ever obtained in the Maternite Hospital (a mortality of only three quarters of one per cent) have been reached in the new pavilion, of which M. Tarnier says: Each patient there has a separate room, entered from without, so that a nurse can only pass from one to another by going outside into the open air. The furniture is of japanned iron; the floors, walks, and ceilings of impermeable concrete. The mattresses and pillows are stuffed with cut chaff, which is burnt after use in every single case. For the McIntosh sheet is substituted one of brown paper, made impermeable by pitch; this is burnt after use. For the washing of the genitals weak solutions of bichloride of mercury are employed as being the best and most powerful germicide. The same enthusiastic accoucheur has

invented a sort of incubator in which babies of an age heretofore considered nonviable are placed. This machine consists of two compartments, the lower containing hot water to furnish the heat, and the upper for the reception of the child, where it is enveloped in cotton and under a glass tube. The results are said to be very encouraging.—*Boston Medical and Surgical Journal*.

BANDAGE FOR PREGNANT WOMEN.—Dr. A. Backman, in *Eira*, page 109, 1881, describes and recommends a bandage for pregnant women, devised by Prof. A. Penard, of Paris. It is intended to compensate for the loss of elasticity of the abdominal walls in women who have passed through several pregnancies, and it is said to assist in causing the head to engage in the pelvis toward the close of utero gestation. This bandage should be applied in every case of malposition on the completion of the eighth month, after the malposition has been rectified; and the bandage ought to be continuously worn until the fœtal head has become fixed in the superior strait.—*Louisville Medical News*.

DURATION OF PREGNANCY.—Dr. Helen Idelson (*Petersburg Med. Woch.*) states as the result of her own researches that the average period is 278.8 days, a minimum of 226 and a maximum of 328, or a difference of 102 days. She concludes: 1. The duration of pregnancy amounts to 278.8 days, or nearly forty weeks; 2. The sex of the infant influences the duration, this being longer in female infants; 3. The heavier the child the longer is the duration(?); 4. The duration is longer in multiparæ than in primiparæ; 5. The younger the woman the longer is the duration; 6. The duration is longer in married than in unmarried women; 7. The first movements of the child are felt, upon an average, on the 135th day, but later in primipara than in the multipara.—*Medical News*.

THE FILLET IN BREECH PRESENTATIONS.—Dr. Heinrich v. Weckbecker-Sternfeld, assistant physician to the lying-in institution at Munich, contributes to a recent number of the *Archiv für Gynäkologie* a paper on the above subject. He points out that there are cases in which some help is required, in which traction by the unaided finger is inefficient, and bringing down a leg difficult and not devoid of danger. The blunt hook cannot be used without much risk of injuring the child; the forceps are apt to slip, and, indeed, can only get a hold by strongly compressing the pelvis. There are, therefore, cases in which traction by the fillet or loop is called for. The object of the paper, and our reason for quoting it, is to describe a new instrument in-

vented and recommended by Professor Hecker, of Munich, for the purpose of getting the loop into position. It consists of a blunt hook having an obtuse curve, somewhat like that of a bladder-sound, and hollow from end to end. In this travels a steel spring, like that of Bellocq's instrument for plugging the nares. The tape (or strip of whatever material is preferred as a means of traction) is provided with a little pocket at one end, into which the extremity of the blunt hook fits. It is thus carried by the hook up on the outer side of the hip joint, and over the fold of the groin. The spring running inside the hook is then pushed forward, made to protrude from the end of the hook, and, of course, carry before it the pocket on the end of the strip of tape. The elasticity of the spring makes it curl round the thigh, and then, of course, the end of the tape can be seized and drawn downward, and an efficient means of traction is thus secured. The author gives an account of twelve cases in which this means of delivery was used. As the chief objection commonly urged against it is the risk of injury to the foetus, we quote the results from this point of view. Four times deep pressure marks were found; twice superficial excoriations. In one case a fracture of the humerus was produced in drawing down the arm, and twice fracture of the femur—in one case, made in an unsuccessful attempt to bring down a foot, in the other during extraction by the loop. No maternal bad results were noticed, except in one case rupture of the perineum during extraction of the shoulders.—*Medical Times and Gazette*.

THE OBSTETRIC FORCEPS.—Dr. J. H. McCollum, from a study of twenty-five cases, in thirteen of which the forceps were used, draws the following conclusions:

1. The convalescence in the forceps cases was not any longer, if as long, as in the natural ones.
2. There was no great injury to the soft parts of the mother. The most extensive rents in the perineum were in the unassisted labors.
3. Except in one instance there was no injury to the child, and this was so slight as hardly to deserve mention.—*Boston Medical and Surgical Journal*.

MEDICAL NEWS.

HEAVY DAMAGES AGAINST THE CITY.—Martin Lighthott recently brought suit against the city for \$25,000 for injuries received, his wagon having run into a large hole in the street. Drs. Janeway and Sayre testified that the resulting trouble was Pott's

disease, and Drs. Allan M. Hamilton, Meredith Clymer, W. A. Hammond, and L. A. Stimson held that the patient suffered from sclerosis of the cord due to cold and exposure. The jury considered that the man's condition arose directly from circumstances connected with the injury, and gave him the full amount. This is the largest verdict ever obtained by any individual who has sued for damages.

DR. LAWRENCE WASHINGTON, a great nephew of Gen. Washington, who served in the late war on the Confederate side, died recently in England, leaving his family poor in money, but rich in relics of the great General. Among these possessions are several letters and interesting documents, the sabre he used in the revolution, and the silk rep suit he wore at his first inauguration.

DR. W. RAMSAY, of England, has recently called attention to the fact that the lower the specific gravity of a gas, the less odor it has, and this one finds confirmed in the case of elementary gases by chlorine, which alone is odorous, while its specific gravity (35.5) is more than double that of oxygen (16) or nitrogen (14).

A NEW WEEKLY.—The lunatics at the Ward's Island Asylum are about to publish a weekly newspaper called *The Moon*. They will write all the "copy," set the type, and print the paper.

LEPROSY.—Charles Derby, a recent arrival from San Francisco, has developed into a leper at the almshouse, in Salem, Mass. He was botanist to Queen Emma at Honolulu for some years.

DR. FERRIER is preparing for the press a new and enlarged edition of his work on "The Functions of the Brain," which will embody many new observations and experiments by the author, as well as a critical examination of the various experimental and pathological investigations of recent years bearing on the question of the localization of cerebral functions.

DR. FLAMINIO TASSI of Siena has published a report of four cases of erysipelas, which rapidly yielded to a saturated aqueous solution of picric acid, applied morning and evening with a camel-hair brush.

THE EDISON ELECTRIC LIGHT.—The difficulties encountered by the Edison Light Company in the development of their public system in this city appear to be serious as well as perplexing. The main difficulty, arising from the lack of unison in the working of the engines seems to have proved insurmountable except by a change of plan.

THE *New Orleans Medical and Surgical Journal*, announces that its editor-in-chief, Professor S. M. Bemiss, M.D., has severed his connection with the journal, and that the editorial work will hereafter be conducted by Dr. W. H. Watkins and four associate editors.

DR. RUSSELL, F.R.S., Lecturer on Chemistry at St. Bartholomew's Hospital, is engaged in making some experiments on London fog at the request of the Meteorological Council, his special object being to ascertain its chemical constitution.

IN the Army Appropriation Bill the Committee on Appropriations of the House of Representatives have reduced the usual annual appropriation for the Army Medical Museum and Library one-half, having allowed only \$5000 for both, instead of \$5000 to each, as has been done for the last ten years.

DR. JAMES G. LA ROE reports, in the *New York Medical Journal*, a case of fracture of the hyoid bone, from gaping. For three weeks there were exquisite pain on touch, and great pain and distress in deglutition. The patient, who was a man, aged twenty-seven, managed to keep from starvation, although he lost in flesh. He ultimately recovered.

METHYLE alcohol is used by English druggists to make paregoric. The result is a nauseous and illegal compound.

THE last occasion on which Sir Thomas Watson attended a meeting of the Fellows of the College of Physicians was in the spring of the present year, when Sir William Jenner was for the second time elected President. In the absence of the senior censor, the senior Fellow present was called upon, in the usual form, to deliver to the re-elected President the insignia of his office and to administer the formal oath. When Sir Thomas Watson got up to walk toward the President's chair, the whole of the assembled Fellows rose as one man to show their respect and affection for their venerable ex-President.

THE New York Post Graduate Medical School, which has successfully completed its first term, opens again on January 8th, 1883, and holds its sessions continuously until April 28th. Practitioners of medicine may enter at any time for a course of seven consecutive weeks.

EDITORIAL.

A NEW DEPARTURE.—In recognition of the fact that the majority of the profession prefer a weekly medical journal, and above all, one large enough to

furnish a full exhibit of current progress and the latest improvements in the science of medicine, as represented at the chief domestic and foreign medical centres, and throughout the different sections of the country, this journal is so enlarged as to equal, in the size and number of its pages, the largest weekly medical journal in the United States; and to furnish space enough for the increasing amount of interesting matter constantly presented for publication.

The price of the journal is, of course, made similar to that of other journals of the same size.

If an experience of eighteen years of active editorial work has taught the editor of this journal any one fact of most importance, it is that the profession of this country craves the earliest information possible in regard to all questions of medical interest abroad and at home; and that it seeks to obtain this information, *in the briefest space possible*.

This fact is so thoroughly appreciated, that the want indicated has been met, in this journal, in its first department, that of "Original Abstracts." In this department, therefore, will be given, in as condensed a manner as possible, abstracts or summaries of the most interesting and important papers published in European and American medical journals.

The gentleman (Dr. J. G. Kiernan, of Chicago, Ill.) who has charge of this department has access to all of the latest American, English, Danish, German, Swedish, Norwegian, and French journals; and on this account, and on account of his ability and experience in meeting the wants of journal readers, subscribers are confidently assured, that this department of original abstracts will alone be worth, to them, the price of the journal.

Many persons attach a preponderating and undue importance to original papers, and many journals, in meeting this demand, exclude from their pages selected matter of the greatest value. It is manifest to every one, who will reflect, that material drawn from the largest field, the foreign and domestic field, must be of more value than that drawn from the smaller field, the field at home. Such has always been the conviction of the editor of this journal, and one which has always guided him in journal management. While, therefore, ample space will always be placed at the command of original contributors, the department of "Selections" will be a prominent feature of this journal. In it will appear papers of great value and interest which cannot, with justice to their authors, be mutilated or condensed.

The Review Department will be maintained independently, at least, if not efficiently. So far as is known, it shall be a true guide in regard to the value of all new publications.

Proceedings of Societies will be regularly given.

The News Department, so popular always, will be enlarged.

The Editorial Department will never, under any circumstances, contain a line that is directly or indirectly paid for. The views advocated in it may not always (and perhaps not even often) be correct, but they will, at least, always be sincere in object, and independent in character.

Such, in brief, will be the policy, scope, and management of the new and enlarged weekly; in behalf of which the editor respectfully asks the support of his medical brethren.

TRACHEOTOMY IN CHILDREN.—The following article appeared in the *New York Times* (of January 1st), one of the great dailies of this city, and, as it is full of errors, a few facts in this connection may be useful. The article in the *Times* is as follows:

"In a recent issue of the *Medical Record*, Dr. George F. Shrady, its editor, furnishes the report of a successful tracheotomy in a young child, performed by him, which suggests that the popular impression against that operation, in mere infants suffering from diphtheria or croup, is in a great measure unfounded. In many cases—the majority, indeed—the prejudice is so strong that parents decline to have the operation undertaken, and the last chance for life is abandoned without an effort. It has been almost a rule in the *Hôpital des Enfants Malades*, Paris, not to resort to tracheotomy in children under 2 years of age, the rule being based upon the statistics of Bourdillot, who gives the percentage of recoveries after the operation as only 3 in 100 when the patient has not passed the second year. Wilms is even less encouraging, and reports no recoveries at all as the results of his observations and researches. The objections are partly anatomical and partly physiological; the former consisting of the fact that the trachea is comparatively very narrow in young infants and the neck very short, while the latter comprise the two considerations of infantile deficiency in vital force and tenacity, and of the intensity of the fever that follows the operation. In Dr. Shrady's case the patient was a male child, 10½ months old, suffering from symptoms of advanced diphtheria, with a tenacious membranous deposit in the throat which ended in such obstruction of breathing that death was inevitable unless surgical relief could be given. The incisions were

made in the usual manner, with very slight hemorrhage and an almost immediate relief of the urgent symptoms. When the doctor left his patient to the nurse on the evening after the operation, he did not expect him to live through the night; but, contrary to all precedent, the surgical fever was very trifling, and, although there was considerable local inflammation, the child steadily improved from day to day, and is now well. The point of interest in the case is the favorable issue of the operation in a child less than a year old, very feeble when it was undertaken, and with no apparent prospect of life. No case of recovery in a child of that age is on record, although the operation has been undertaken in children of from 7½ to 12 months by most distinguished European surgeons—among them Langenbeck, Joseph Bell, Breslau, Balzeau, Bourdillot, J. C. Foster, Greenfield, and Dujardin. Scantetten tried tracheotomy in a baby 6 weeks old for spasmodic croup, and Annandale in one 3 months old. The patient died in each case. Croft and Lawson Tait have also recorded failures, and Dr. Shrady's success is the first recorded at so tender an age in the annals of surgery. Its issue suggests, however, that in cases where death is inevitable without it the medical attendant is justified in recommending resort to tracheotomy in infants as the last hope of saving life."

One of the first errors to be noted is, that the author misleads his readers in regard to the so-called "prejudice," against the operation of tracheotomy. As to "the people," it may be said that there is no "prejudice" whatever; the subject is one which is not brought before the secular public, and not one per cent of this public even know the meaning of this word. As to the profession, there is no prejudice among well-educated physicians against the operation; for every one, reasonably well informed, knows that it is a *dernier resort*, and the only one which can then save life.

As to the teaching of the fatality of the operation among children, 97 in 100, the author misleads his readers very gravely. In the 863 operations reported by Dr. W. M. Masten, of Mobile, Ala., there are reported by him the facts in regard to the operations on 32 children, whose ages are from 4 to 22 months. There were 5 cures and 27 deaths, or 1 cure in 6½ cases. Dr. Shrady would have his readers believe that the mortality "in children under 2 years of age is 97 in 100; or 1 death in 33½ cases; when the facts are that the mortality is 1 death in 6½ cases.

The author says there is no case on record of a successful operation in a child so young, and claims

a superiority, therefore, over Langenbeck, Joseph Bell, Breslau, Balzeau, Bourdillot, Foster, Greenfield, and Dujardin. Dr. A. T. Woodward, of Vermont, operated on 3 infants, aged respectively 4, 9, and 12 months; 1 was saved; 1 died from "bad hygienic surroundings;" and 1 was not saved. Dr. H. Wardner, of Illinois, operated on a child of 13 months and saved its life.

The number, who in this country have operated for tracheotomy in children under 2 years of age is by no means small; A. Jacobi, G. W. Rachel, J. Pancoast, H. L. Hodge, C. J. Clark, L. Voss, E. P. Sall, D. F. Willard, J. N. Upshur, C. T. Collins, B. H. Riggs, J. H. Pope, L. S. Pilcher, S. Baruch, C. Johnston, M. J. Bray, J. H. Beech, Lilienthal, and others.

The operation is simple, and not severe or difficult, and there is no professional prejudice against it.

BEEF—A FRENCH ESTIMATE OF IT.—The number of stories in circulation in Paris on the subject of M. Gambetta's wound recalls to a French journalist's recollection a somewhat similar incident in the career of M. Laffitte, Louis Philippe's Minister. One day after dinner he was seized with violent internal pains. That very day, as it happened, he had dined at the Spanish embassy, and the relations between France and Spain at the time were anything but cordial. Diplomatic suspicions were aroused, and different commentaries were passed on the occurrence in London, St. Petersburg, and Vienna. Twelve hours after the news reached the Italian embassy an attaché paid a secret visit to the Minister, to get the true version of the affair. M. Laffitte led him to a window corner, looked round to see that nobody was listening, and then whispered into his ear, in the most mysterious tone, "Tell your government it was—the beef."

CURE OF MANIA BY SHOCK.—A case has recently been reported from Michigan in which an acute maniac jumped from a train going forty miles an hour, and not only escaped injury, but was found to have perfectly recovered.

VASO-MOTOR PARAPLEGIA.—Dr. Kiernan has recently observed the following case: About a year ago a tree fell across the platform of a Chicago street-car, seriously injuring the conductor. All sense of feeling had departed from his legs, upon which a galvanic shock did not produce the slightest effect. The case was regarded as hopeless. Recently the conductor, while reaching as far as possible for an article above his head, felt something in his back snap suddenly and violently. When he recovered from his alarm he found that sensation had returned

to his lower limbs, and he is now at work on his car again with his old health and strength. Cases of this kind illustrate the influence of the sympathetic system in the production of certain paralyzes, usually regarded as due to serious lesions of the cord or brain. The snapping sensation has long been regarded as characteristic of cases of sympathetic origin.

PATENT MEDICINES AND PHYSICIANS.—The court of Nimes, France, has just decided (*Progrès Médical*), a case of some interest to American physicians. A regular physician became the accomplice of a quack, and applied the compounds' made by the latter, and whose composition was unknown to him. He has, in consequence, been fined and imprisoned for the illegal practice of medicine. The existence of this French law is both a standing reproach and a good example to American Medical legislators. There is no denying that there are many physicians in the United States who prescribe patent medicines, of whose composition they know nothing.

According to the *Michigan Medical News*, this is largely done by physicians in that state.

The passage of a law prohibiting the use of secret remedies by regular physicians would enable the profession to rid itself of these parasites, while irregular practitioners could do as they chose. The act might read, "Any practitioner of medicine claiming to be a regular physician who shall prescribe secret remedies, the composition of which is unknown to him, shall be deemed guilty of a misdemeanor, punishable by fine or imprisonment, or both." That such an act can be passed in many states there can be no doubt.

The nucleus of such an act is to be found in the Pennsylvania act of 1870, prohibiting the advertisement of "medicines, drugs, and nostrums, for the cure of secret diseases." This law has worked well, and it would seem that its amendment, in the direction indicated, would be an easy matter. The experiment might be tried in Pennsylvania first, and this would exercise considerable influence on other States.

TO THE PRESS.—Notices of the change in size and price, etc., of this journal will be duly valued, and the kindness reciprocated, when an opportunity occurs for doing so.

MULTUM IN PARVO.—When the great Louis Blanc, who physically was one of the smallest men of the age, was on a visit to a distinguished friend in the country, the fair hostess furnished for him a *child's bed*, and was surprised that he became quite indignant.

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ORIGINAL ABSTRACTS.

LARGE DOSES OF QUININE IN INFANTILE TYPHOID.

—Dr. Barthez (*Journal de Médecine de Bordeaux*, December 10th, 1882) has recently enunciated the following dictum: "When typhoid fever in the child about the end of the first week simulates tubercular meningitis; in this simulation will be found an indication for large doses of quinine." He has been led to this conclusion by noticing the remarkable improvement produced in the cases of infantile typhoid fever which markedly simulated tubercular meningitis, by the use of 3 ss. doses of quinine sulphate. In cases of the type mentioned in which this procedure has been tried the result has been rapid and a decidedly marked amelioration.

PATHOGENY OF VARICOSE ULCERS.—Ulcers are frequent enough on varicose limbs, but in Dr. Quénu's opinion (*Revue de Chirurgie*, November 1882) varicosity alone does not suffice to explain the ulceration since many persons reach the last degree of varicose ulceration without at any time suffering from ulceration, while others suffering from much less varicosity present deep, extensive and rebellious ulcers. Drs. Terrier and Séjournet have already called attention to the troubles of sensibility which precede often the very moment of the ulceration and recognize the existence of nervous lesions. Dr. Quénu claims that the state of the peripheral nervous system should be taken into account in judging pathogeny of varicose ulcers, and has made many examinations of peripheral nerves adjacent to varicose ulcers and found them diseased. In six cases of simple varicose ulcer, taken at random, he has found nervous alterations, often extensive in character. The nervous trunk is increased in size, but the interstitial neuritis is limited to the perifascicular tissue, and rarely involves the primitive nerve bundles. Dr. Quénu believes that these changes are not secondary to the inflammation developed by the vicinity of the

ulcer. The neuritis is not an ascending one, having its origin in inflammation of the nerve filaments in the vicinity of the ulcer. In his opinion these nervous lesions precede the ulcer and are independent of it. The pressure of the varicose veins influences the production of the lesions of the nerves and these in turn, through their trophic influence produce the ulcers.

ARTHROPHYTES OF THE KNEE.—Dr. Poncet of Cluny (*Revue de Chirurgie*, October, 1882) has recently published on this subject an article tending to throw some light on the indications for operating. For a long time there has been much question as to the nature of arthrophytes. The floating bodies in the knee-joint were recognized, but the existence of arthrophytes proceeding from traumatism was admitted, but with reserve. After examinations of the cadaver and many histological examinations, Dr. Poncet claims that he has demonstrated beyond question that arthrophytes can result from traumatism. These consist of fragments of bone or cartilage detached from the articular extremity of the femur and tibia. These arthrophytes are distinguishable from the non-traumatic kind by being flat, with a concave-convex surface and irregular edges, and present neither pedicle nor neck. The fissure produced by their breaking off can frequently be distinguished. They are of cartilaginous or osseous consistency and are never soft. They are always single at first and may result from a muscular effort at extension from a fall or blow on the knee. An atrocious pain occurs at the time of the accident and they appear some days after as free floating bodies. Histologically they differ markedly from the non-traumatic kind. The traumatic cartilaginous variety is not concentric and does not resemble in structure the fibro-cartilaginous non-traumatic floating body. Poncet prefers the open incision with antiseptic dressing. He has operated in this way three times, and in all with perfect success. He recommends that after the floating body has been removed the capsule be reunited by

deep catgut sutures, and that the superficial lips of the wound be drawn together with metallic or carbolized silk sutures. Drainage, in his opinion, is not indicated, not even in case of intra-articular hæmorrhage, except in case of well-marked arthritis. The knees should be kept immobile for several weeks, and to this is due in great part the success of the operation.

NUMEROUS CARDIAC ANOMALIES IN ONE HEART.—Dr. Bianchi, of Sienna, Italy, reports (*Revista Clinica di Bologna*) having found in the heart of a young girl, dying with grave respiratory and circulatory symptoms, the following anomalies: chronic pericarditis; general eccentric hypertrophy, especially on the right side; dilatation of the right auricle; tricuspid insufficiency; interauricular communication by the foramen ovale; absence to a large extent of the inter-ventricular septum. The tricuspid orifice communicated with the left ventricle; the mitral with the right; the pulmonary artery with the left ventricle; the aorta was placed behind the pulmonary artery; the usual anatomical characters of the left ventricle were to be found in the right, and *vice versa*. The patient had enjoyed comparative health up to the time of the pericarditis, which is somewhat astonishing, considering that the inter-auricular and inter-ventricular communications were congenital and teratological.

NEW METHOD OF TRANSFUSION.—Dr. Auguste Corona, (*Gazetta degli Ospitali*) has had excellent experimental results on animals by transfusing by means of a special apparatus from the arteries of the lamb, furnishing the blood directly into the peritoneum.

PARENCHYMATOUS GOITRE.—Dr. Jean Fiorani, (*Gazetta Medica-Italiana-Lombardia*) recommends the following procedure for the removal of parenchymatous goitre by means of the elastic ligature. The tumor being discovered by means of a large incision, and the dissection of the subjacent tissue being made, the principal veins being ligated in two places and cut between the ligatures, the finger is used to isolate the tumor. The sutures are then placed at proper distances, a sufficient space is left to permit of the bronchocele being drawn out. A strong needle is then used to pierce its base, and behind this is passed an elastic ligature; the previously prepared sutures are then locked. The tumor is thus imprisoned, and fixed. Carbolic washing and Listerian dressing finish the operation. The patient of Dr. Fiorani was completely cured three weeks after the operation.

ORIGINAL ARTICLES.

THE CURE OF AN INGROWN NAIL. BY M. SCHUPPERT, M.D., OF NEW ORLEANS.

THE attentive reader of medical literature will often be surprised in meeting among writers on surgical subjects most contradictory and absurd statements, and what is even more surprising, will see professional men of high intellect and erudition grappling unsuccessfully with diseases, the cure of which may easily be accomplished, the road to be pursued being plainly indicated. A disease of such a class we find in the *ingrown nail*. Among the great number of suggestions for the cure of this painful disease we observe one monstrous proposition supplanting another, one plan beating the other in inefficiency and absurdity. Thus we find recommended a lifting of the respective nail and placing underneath diverse foreign substances as pieces of tin, silver or lead. Occasionally a value is even laid upon the kind of metal used; or instead of the metal linen fibres of a cylinder form and smeared with diverse salves are advised; pressed sponge to speed the lifting of the nail with precious applied cataplasms are recommended. Another proposition consists in diminishing the size of the nail with the aid of wire, twisted around the nail's edges, or to scrape it with a piece of window-glass, reducing the nail to the thinness of writing paper, thereby removing its pressure on the soft inflamed parts; or pieces of the nail are to be cut out. Brushing with collodion, the application of carbon, of zinc-oxyde, sugar of lead, or alumen is counselled; again we have the application of caustics recommended such as caustic potash, nitrate of silver, corrosive sublimate and even the actual cautery. That may suffice for the multiplicity of remedies here used. Now for the galaxy of names who figure as authors participating in the honor of having advised one or the other of the remedies mentioned, their number is legion. We have here Papillaud, Richerand, Ferrier, Virignie, Dudon, Huet, Mathieu, Lafaye, Bierry, Neret, Baeso, Melion, Bonnet, Deprés, Moreau, Legrand and Baudens, the French seem to have the lion's share. But one would err in believing the list herewith closed. Of Germans we have Rothamel, Richter, Fricke, Weiss, Heister and the celebrated Swiss Fabricius. Among those who did propose the partial removal of the nail, and of the "fleshy excrescences" were Paré, Pitha, Goselin, Velpeau, Dupuytren, Emmert and Labat, who at the same time recommended the destruction of the matrix of the nail with the actual cautery, certainly a painful procedure when we consider that at their

time neither ether nor chloroform was in use as an anæsthetic. Though by the latter method the nail will be prohibited from growing again, such is neither desired nor at all necessary.

The treatment of the ingrown nail I am to offer, and which I have exercised during a thirty years' practice over a hundred times, recommends itself by its simplicity and the short time in which to accomplish a radical cure. Notwithstanding the great number of cases operated upon, I have never had to record a single failure or met with a misfortune such as I will soon mention. By overhauling the historical records I met with only one surgeon, a Doctor Fano who had made the proposition, and a Doctor Emmert who executed the proposal of the method I had for so long practised. But not less remarkable is the fact that most of the later authors of works on surgery do not even mention that painful disease so extensively known. A worse recommendation than that by Fergusson can hardly be met with. After splitting the nail with scissors in removing the ingrown portion of the nail, he says: "It shall be speedily accomplished by a firm hold, and a somewhat *rude and forcible twist and pull*." His colleague Erichsen is better instructed, and among English authors he fully coincides with me in the total removal of the nail under the application of an anæsthetic.

The operation I have adopted consists in the following procedure:

After having narcotized the patient with chloroform, one branch of a dressing forceps is entered under the nail on its ingrowing side so that the polished part of the instrument is directed toward the soft parts of the toe, and that branch then is pushed forward toward the nail's matrix till it has reached the root of the nail. The branches of the forceps are now closed, and by turning the instrument around its own axis twice the nail is rolled up and removed, in a second of time. A few drops of blood may follow its removal, usually coming from the ulcerated portion of the toe. Though I have never met with any mishap, still since the aseptic method of treating wounds has been adopted so universally in good surgical practice I have never omitted first to clean the toe as well as the instrument with a 3% solution of Phenol water, and after the removal of the nail applied also for several days an aseptic dressing. The new nail is best protected by a piece of wax to which is given the form of the nail, and by which the edges of the toe are pressed down to avoid the nail growing again into them.

In such cases where the removal of the nail was objected to, I have applied with great success against the pain, a solution of corrosive sublimate in

Hoffmann's essence. (Hydrarg. sublim. corros. gr. $\frac{1}{2}$; essential Balsam, Hoffmann's, 3 iii.; to be applied to the sore parts).

I cannot close this article without calling attention to the danger a rude pulling of the nail, or forcible twisting as Fergusson recommended, may have. The case to which I had reference above may be used as a fair specimen. One of the former house surgeons of the Charity Hospital of this city in paying his usual morning visits was attracted for a moment by one of the patient's feet standing out from under the bedcover, on which the nail of the big toe was standing upright, seemingly detached from its insertion, and apparently hanging on one side only, so that it seemed but a trifling pull would remove it without causing even pain to the patient. Yet never was there a greater mistake committed when the surgeon, taking hold of the nail with his fingers and pulling it off, the patient uttered a shriek which could have been heard all over the hospital; a few drops of blood which the nurse was ordered to wipe off was all that followed. The man was a convalescent, and his discharge had already been made out. On the next morning after the nail-pulling affair the surgeon's attention was again called, but this time by the patient complaining of a stiffness in his "mouth." The doctor did not consider his complaint of any serious character, but two days later the man had been removed to Potter's Field, having died of traumatic tetanus and trismus. Need I still draw the consequences and what that case has taught us? I think not.

SELECTIONS.

TREATMENT OF GUNSHOT WOUNDS OF THE ABDOMEN IN RELATION TO MODERN PERITONEAL SURGERY. BY J. MARION SIMS, M.D.

Gastrorrhaphy.—There have been a few recoveries following suture of incised and lacerated wounds of the stomach; but never a successful gastrorrhaphy after shot-wound of this viscus.

Enterorrhaphy.—Otis says: "There are thirty-two American instances of enterorrhaphy of the small intestines, of which twenty-five were successful." In all of them the wounded bowel had prolapsed through punctured or incised wounds, and was sutured, and returned to the peritoneal cavity. They occurred between 1807 and 1869. If the bowel had not prolapsed in all these cases, there would have been no enterorrhaphy; fecal effusion would therefore have followed, and produced certain death in a few days. This proves the importance of enlarging the external wound in all cases, whether shot or

punctured, and searching for the injured bowel, and suturing lesions. Many cases are recorded where the prolapsed wounded bowel had been neatly sutured and returned, and yet the patients died in a few days, just as if there had been no sutures applied. In these, necropsies revealed the fact that there were other lesions which were not prolapsed, and therefore were not sutured. In all cases, then, it would be wise to enlarge the wound so as to examine all viscera lying in its range. For penetrating wounds of the intestinal canal, whether by shot or puncture, are often multiple. The war records contain numerous cases where the same missile made two, three, and even five lesions. Deputy-Inspector Alexander reported a case at the Crimea, in which the ball entered near the umbilicus, and passed out near the sacrum, wounding the small intestines not less than sixteen times in its passage. These multiple lesions show the importance, the absolute necessity, of enlarging external wounds sufficiently for thorough exploration. The records of our civil war teem with reports of shot-wounds of intestines where patients have lived and suffered, not only for days, but in some cases for very many days, and even for weeks, eventually dying of exhaustion and blood-poisoning. With the knowledge of to-day, it would have been as easy to save them as to let them die. I may be permitted to give an example of the do-nothing surgery of former days.

X. was accidentally wounded by a Remington revolver; the ball entered to the right of the lower lumbar vertebra, and was removed by incision about an inch above the right internal abdominal ring an hour afterward. . . Opium was given; simple dressings were applied. Forty-eight hours afterward, faecal matter was discharging freely from the wound in front. The patient died four weeks after the accident.

At the necropsy, three hours after death: "Rigor mortis was well marked; there was great emaciation; the abdomen was much contracted; the intestines were bound together by strong adhesions; upon separating these adhesions, numerous small collections of clear pus were disclosed, none of them exceeding in quantities a teaspoonful. The small intestine was found completely divided about ten feet below the duodenum. The portion of the small intestine below the division was contracted almost to the size of a goose-quill. This portion of the gut communicated with the wound in the groin, and also with that in the loin. Surrounding the right psoas muscle was a cavity of sufficient size to hold a quart, separated by adhesions from the remainder of the abdominal cavity. The upper portion of the intes-

tine opened into this cavity, which was half full of faecal matter." How the poor fellow lived a whole month in such a condition is marvellous. And how easy it would be now to enlarge the inguinal wound in such a case, excise the injured portion of bowel, and unite the divided ends, and save life.

I do not reproach my brethren for the treatment of that day and time. They did all that was justifiable; all that the greatest military surgeons of the day would have advised or dared to do. But the man who would now stand by and do nothing in perforating shot or other wounds of the abdomen, would fall far short of his duty to himself and to his patient.

Otis says *loc. cit.* (p. 73): "So far, the annals of military surgery seem to be barren of instances of successful suture of the small intestines after shot-injuries, though recoveries have ensued with temporary faecal fistulae when sutures were employed."

We have already seen that of thirty-two punctured and incised wounds of the small intestines, twenty-five were cured by suture. There is no reason why the same success should not attend the suturing of shot-wounds of the small intestine, if we would only convert the latter into the same favorable condition for suture that exists in the former, simply by excising the bruised edges of the shot-wound. But Otis, speaking of shot-wounds, says: "I regard the refreshing of the bruised edges in gastrorrhaphy and enterorrhaphy as unnecessary. In the modern methods of applying sutures to the alimentary canal, inversion and approximation of the serous surfaces is universally sought. Now, in all shot-wounds of the digestive tube that I have examined, the loss of substance is mainly confined to the muscular, connective, and mucous tissues, the serous membrane remaining sufficiently organized to hold stitches. It will be sufficient to unite these surfaces; and what sloughing of the inner tunics there may be can discharge into the digestive cavity."

The directions here given may answer if the sutures be passed far enough from the bruised edges of the perforation to insure their firm co-adaptation. If there should be the least doubt about the course to pursue, ten it would be better to excise the wounded part of the intestine, and bring together its smoothly divided ends. For we are sure of perfect union of neatly adjusted clean cuts in this canal.

A great deal of useless and ingenious mechanism has been devised for suturing wounds of the intestines; but they must all give way to simpler means, those based on common sense, and of easy and universal application.

The question of the best method of repairing

lesions of the intestines was settled definitely, forty years ago, by Professor Gross, by a series of beautiful philosophical experiments on the lower animals. (*An Experimental and Critical Inquiry into the Nature and Treatment of Wounds of the Intestines*. By Samuel D. Gross, M.D., etc. 1843. Louisville, Kentucky.) His experiments are so satisfactory and conclusive that there will never be any need of repeating them; they must be accepted as final. Dr. Gross advocates the continued suture in all intestinal wounds, no matter what may be their situation, direction, or extent. He used a straight round needle (a Kirby's No. 7 or 8 answers admirably) armed with a single fine silk thread. Interrupted or continued sutures, when the threads are cut short, always pass into the intestinal canal, and are evacuated with its contents twelve or fifteen days after their application. This is the rule; there is no exception to it when the sutures are cut close. Professor Gross's experiments fully confirmed those previously made by Smith, Thomson, Travers, and Sir Astley Cooper. Benjamin Bell had suggested this as the probable disposition of the sutures; but it was reserved for Thomson and Travers to prove it by experiment on inferior animals. If the ends of the sutures should be left long, and brought out at the external wound, they escape by the external wound. The stitches should be passed about a quarter of an inch from the edges of the wound, including only peritoneal and muscular coats; and when drawn closely they invert the edges, and thus bring the serous surfaces into apposition. This is Lembert's method. He used interrupted sutures thus applied; but, as every suture requires a separate tying, of course it takes a little longer. The continued suture is easier and quicker in application.

When the intestinal wound is extensive, that is, more than two inches long, whether longitudinal or oblique, Dr. Gross advises to "excise the wounded part entirely, and then to unite the divided ends." He further says: "My conviction is that there are but two sutures which should ever be thought of in the management of this class of injuries, namely, the continued and the interrupted, with the modification of the latter proposed by Lembert;" that is, the inversion of the edges of the wound so as to bring its serous surfaces into contact. The mode of reparation is the same, whatever the form of suture, viz., effusion of lymph and adhesion of the injured part to the neighboring structures. Sometimes the part throughout the line of suture is coated with a layer of plastic exudation, which conceals the threads from view; and, in a great major-

ity of cases, there is attachment of omentum to the surface and edges of the wound, which gives support and assists the process of restoration.

Baron Larrey records but one recovery from a shot-wound of the small intestine, and that one was treated by Palfyn's method. Palfyn's method consists simply in passing a ligature through the edge of the intestinal lesion, and pulling it to the level of the external wound, and there securing it to make an artificial anus. Otis expresses surprise that this was never done during our war; but how could it have been done, when it is well known that wounded intestine seldom prolapses through a simple bullet perforation; and when no surgeon was expected, at that time, to enlarge the external wound to search for intestinal lesions?

Bandens practised enterorrhaphy in two cases of shot-wounds of the intestine during the Algerian war, and one of them was completely successful. Pirogoff advocated the suture in the Caucasus, but had no time to put it in practice. Lohmeyer, in the Danish war, boldly advocated enterorrhaphy, but had not performed the operation. Legouest proclaimed similar doctrines in the Crimean war. And in our own country, since the experience of our civil war has proved how utterly futile our efforts were in this direction, many leading surgeons have given free utterance to sentiments that presage an inevitable revolution in the treatment of shot and other wounds of the abdominal cavity.

The latest expression of opinion on this subject comes from Surgeon-General Longmore, who says: "As to gunshot wounds of the abdomen, I have little doubt that it will be found, whenever another great war gives the opportunity, that the revolution which has taken place in abdominal surgery in civil practice, especially with the additional advantages of the antiseptic mode of treatment, will equally show itself in military practice in penetrating gun-shot wounds of the same bodily region. In any such war as occurred in France in 1870-71, where in numerous instances there were opportunities of speedily treating the wounded in regular hospitals or permanent buildings in towns or villages, I feel assured that lives will be occasionally saved after complicated penetrating abdominal wounds, including cases of wounds of intestines, of lodgment of projectiles in the peritoneal cavity, and of hæmorrhage from mesenteric or other vessels, which hitherto have been left to die unaided by operative proceedings." (Letter to Sir William MacCormac, January 15th, 1882.)

Otis says of shot-wounds of the small intestines: "I have shown that in wounds of the small intestines of any magnitude, the pathological evidence of

recoveries achieved by the unaided efforts of nature, even through the establishment of a preternatural anus, is limited to every few instances, of which none are absolutely unequivocal. Therefore, in wounds of this viscus, unattended by protrusion, when there is danger of extravasation, the external wound should be enlarged, and the wound in the intestine closed by suture."

Dr. J. S. Billings says, in a letter to Otis: "In regard to penetrating wounds of the abdomen, where there is reason to suspect intestinal injury, it appears to me to be proper to enlarge the opening, if necessary to ascertain the nature and amount of injury, to remove foreign bodies and extravasated matter, to employ sutures or ligatures where needed, and to cut these short and return the injured viscera. Especial care should be taken to prevent even the smallest particle of faecal matter from escaping into the peritoneal cavity, and to remove such as may escape. Ordinary faecal matter contains immense numbers of microzymes, or minute organisms known as bacteria, monads, micrococci, etc., which, if not the direct cause of putrefaction, as seems probable, are at all events closely connected with that process."

Professor Hunter McGuire expresses himself thus: "Penetrating wounds of the belly are nearly all fatal, and we must look for some other means of saving life than we now have. If the shock, thermometer, etc., indicate wound of the bowel, cut down and sew it up. You say this is desperate. I answer, the cases justify it. We must do something more than give opium and use ice-poultices."

Dr. H. S. Hewitt says: "It is next to an impossibility, when a soldier is wounded in the abdomen, with lesion of the intestines, that their contents should not escape into the peritoneal cavity. I think it admits of question, whether greater effort should not be made to seek out the wound, to close it by silver wire, and to endeavor to obtain primary union, while peritonitis and constitutional disturbance are treated on general principles."

Professor N. S. Lincoln declares that, "in punctured and incised wounds, when there is adequately strong presumptive evidence of intestinal lesion, though there may be no protrusion, it is the surgeon's duty to enlarge the parietal wound to seek for the wounded intestine, and to close the orifice, if it exceeds three lines, by suture. That, in shot-wounds of the intestine, unattended by protrusion, unless the perforation may be in the iliac region, with a reasonable likelihood of implicating the part of the large intestine uncovered by peritoneum, and thereby avoiding the risk of intraperitoneal extravasation, it is the safest course to enlarge the track of

the ball, and to close the intestinal wound by suture." [These letters from Drs. Billings, McGuire, Hewitt, and Lincoln, were written to Otis ten or twelve years ago, and are to be found in the *Medical and Surgical History of the Civil War*.]

Professor Samuel D. Gross, the highest surgical authority in our country, says, in the last edition of his "System of Surgery" (1872, vol. iii., p. 667): "It is still a mooted question as to what should be done when the wounded bowel does not protrude at the opening in the wall of the abdomen. When we reflect on the fact, that in all lesions of this kind the great danger is from faecal effusion, and that such effusion is almost inevitable, even when the opening of the intestine is of very small extent, the duty of the surgeon, I think, plainly is *to enlarge the abdominal orifice, to seek for the wounded tube, and to sew up the cut in the usual manner*." Our great master in surgery, Professor Gross, here in a few words lays down the rule which should invariably guide our action hereafter in all wounds of the alimentary canal however made.

Thus we see that there were mutterings of discontent among surgeons long before our great war, which, since the war, have become more outspoken and positive in demands for reform in the treatment of intestinal wounds. Look at the history of military surgery from its earliest days to the present moment; and what has it ever done for lesions of the abdominal viscera? Absolutely nothing, if we except a few cases of punctured and incised knuckles of intestine, which, having protruded through the outer wound, were sutured and returned to the cavity of the abdomen. But if we profit by the teachings of ovariectomy and ovariectomists, we shall soon wipe out this reproach. Heretofore, when a man was shot or stabbed in the abdomen, we laid him down, gave opium to arrest pain and peristalsis, and applied "simple dressings," waiting and hoping for it to result in a faecal fistula. And how rarely did nature gratify our wishes, except when the lower ends of the colon and rectum were wounded! But all this must be changed. In the treatment of perforating shot and other wounds of the abdomen, we should strictly observe the following rules:

1. The external wound or wounds should be enlarged as soon as possible, and sufficiently to ascertain the whole extent of the injuries inflicted.
2. These should be remedied by suturing wounded intestines and ligaturing bleeding vessels.
3. Diligent search should be made for extravasated matter, and the peritoneal cavity should be thoroughly cleared of all foreign substances, whether faecal or bloody, before closing the external opening.

4. The surgeon must judge whether the case requires drainage or not. Generally it will not, if these rules be strictly carried out. We must not forget that faecal effusion has taken place after intestinal wounds have been sutured, simply because the surgeon failed to find and suture all the lesions. And we must not forget that fatal results have followed enterorrhaphy when thoroughly done, simply because faecal effusion had taken place before the intestine was sutured, and had been left in the peritoneal cavity, producing death as speedily and as certainly as if the lesion had not been found and closed. Therefore, it is essential not only to find all lesions and remedy them, but to be sure that we leave the whole cavity of the peritoneum perfectly clean.

These principles are the foundation of success in all other operations involving the peritoneum, and they must be equally successful when applied to shot and other wounds of the intestinal canal.

Dr. N. S. Lincoln advises to enlarge the external wound and search for the injured bowel, and suture it, "unless the perforation may be in the iliac region," where it may possibly be followed by faecal fistula, and spontaneous cure. But it would be unwise to make exceptions of this sort. We should trust nothing to chance. For we must remember that, of eighty-nine shot wounds of the large intestines, thirty, or 33 per cent, died; of one hundred and eighty-three of the bladder, ninety-six, or 52.5 per cent, died; and of one hundred and three of the rectum, forty-four, or 42.7 per cent, died. Now, if we should not interfere with pelvic and iliac wounds, the above figures prove conclusively that we would jeopardize from 33 to 52 per cent of all lives with such wounds. I would therefore insist on leaving nothing to luck, but to explore and suture all intestinal and bladder wounds alike, under all circumstances.

There is a time for all things; and a fitness of time for all new departures from old customs. From preceding quotations, it is seen that there has been a latent but growing sentiment among surgeons for many years, that sooner or later, a new system would be adopted in the treatment of intestinal wounds. But there has never been a time, till now, when such a course could be wholly justified; and now it can be done alone by showing the positive success that invariably attends all operations in peritoneal surgery. Beside this, there has never been a more opportune moment for pressing this question on the attention of the profession. For we have all suddenly become intensely interested in the subject of gunshot wounds.

The death of the beloved President Garfield by the assassin's bullet sent a thrill of horror through the whole country and throughout the civilized world, and excited such sympathy in every grade of life, as to make us all of one family and one feeling. Soon after the shooting, I was often called on in Paris for an opinion as to the probabilities of the President's recovery; and as he did not die in three days, I knew that the ball had not penetrated the peritoneal cavity, and I gave my friends assurances of his ultimate recovery. In the early days, when despair pervaded all minds, I was interviewed, and my statements were telegraphed home. A few weeks afterward, I was informed that they produced among medical men great surprise, and severely adverse criticism. When I heard of this, I determined at once to lay the subject broadly before the whole profession, leaving them to decide the question at issue.

Feeling that I have now done my duty, I seize this occasion to repeat what I said in Paris to the friend who sent the telegram to New York. I said: "If the President had recovered from shock, and if there was undoubted evidence that the ball had traversed the peritoneal cavity, his only safety was in opening the abdomen, clearing out the peritoneal cavity, tying bleeding vessels, suturing wounded intestines, and treating the case as we would after ovariectomy, using drainage or not, as circumstances required." This is what I said then; this is what I say now, and what I am able to defend on the broad principles already so well established in peritoneal surgery.

Do we not now every day, fearlessly and with the utmost safety, open the peritoneal cavity, and remove ovarian tumors and uterine fibroids, cut out kidneys and spleens, attack the liver in its fastnesses, unroll the convoluted obstructed intestine, exsect the pylorus, incise the stomach for foreign bodies and for nutrition, search out and evacuate hidden receptacles of pus, and remove Fallopian pregnancies, bringing back to life individuals, who, but for these brilliant and successful achievements, would all have found early graves? And shall we stand idly by, and see any man, whether he be president or peasant, certainly die with a shot through his intestines, without an effort to save life, when it is so certain and so easy to do it on the principles now well understood and successfully practised every day? Fortunately for the President, the ball did not traverse the peritoneal cavity, and hence his escape from a rapid death, and hence the uselessness of my telegram.

Finally, I have the deepest conviction that there

is no more danger of a man's dying of a gunshot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of an ovariectomy properly performed. Ovarian tumors were invariably fatal till McDowell demonstrated the manner of cure, which has now reached such perfection that we cure from 90 to 97 per cent of all cases. And by the application of the same principles that guide us in ovariectomy to the treatment of shot-wounds penetrating the abdominal cavity, there is every certainty of attaining the same success in these that we boast of in ovariectomy.

If the facts now presented to you on this question be accepted as such, then I think we may logically draw the following conclusions.

1. Wounds of the peritoneal cavity, however made, have a common course to run.

2. They have a common termination, that is, in death by septicæmia.

3. This is the general law in death from ovariectomy.

4. It is the general law in death from gunshot and other wounds of the peritoneal cavity.

5. Septicæmia in these cases is the result of the absorption of bloody serum and other effusions found in the peritoneal cavity after wounds or operations.

6. Gunshot wounds of the pelvic cavity recover, because of natural drainage by the track of the ball carrying off poisonous effusions and bloody serum.

7. Gunshot wounds of the abdominal cavity die, because there is no natural drainage, and the poisonous effusions and bloody fluid fall into the pelvic cavity, and are there absorbed, producing septicæmia and death.

8. To evacuate this bloody fluid and other foreign effusions, it is necessary to enlarge the abdominal wound, to clear out the peritoneal cavity, to suture wounded intestines, and tie bleeding vessels, using drainage or not, according to circumstances.

9. If this operation be well done, there will hardly be need of drainage.—*Brit. Med. Jour.*

SAVAGE.—TILT ON SIMS AND EMMET.—In the preface to the fourth edition of Dr. Tilt's work on "The Change of Life," this author gives vent to the following strictures on American gynæcology: "Simpson devised the slitting of the womb for sterility, but when transplanted into America, his operation, in the hands of Dr. Marion Sims, became one for the cure of most diseases of women. It is difficult for us, simple-minded Englishmen, to withstand American advocacy of surgical operations. They speak with the prestige of ovariectomy, successful after having been pooh-poohed for a quarter of a

century by all the great surgeons of Europe. They dazzle us by prodigious statistics, of which cases given in detail are few, while failures find no place; so, when Dr. Marion Sims told us that in a short time, in one hospital, he had cured 500 women of all sorts of uterine diseases, by slitting the cervix up to the body of the womb, the more experienced among us were very much astonished, while the younger men rushed off to the instrument-maker's, and followed the new light at a slower pace, suitable to our placid nature. They soon found, however, that the operation did not fulfil Dr. Marion Sims' promises; that it was sometimes attended by very serious accidents; and then they heard that Dr. Sims' most promising pupil was busy sewing up the wounds he had helped his teacher to divide. Some time ago we heard again from America that Dr. Emmet had discovered a new operation for the speedy cure of the ordinary run of uterine cases. This new operation was again supported by hundreds of cases, not only of his own, but also of his pupils; cases without definite particulars, and without mention of failures, dangers, or of deaths. As some of our American friends express surprise that we have not adopted this new operation with the same enthusiasm as we did Dr. Marion Sims', it is worth while considering what we are now asked to do.

"I gave it to be understood, that until Simpson made his mark, somewhat too large a part was given to inflammation for the explanation of uterine pathology. Since then the tendency has been to undervalue the importance of this most important element of general pathology and of daily practice.

"Dr. Emmet, for instance, does not take the trouble to discuss what relates to inflammation in his voluminous work; he simply asserts that the womb cannot be acutely inflamed, except after parturition; in his large practice he seems never to have met with cases of acute internal metritis, than which I have never seen a disease so sharply accentuated or less amenable to treatment. As for chronic inflammation of either the substance or of the lining membrane of the womb, he says it is a sheer impossibility. Thanks are due to any man who will frankly say what he thinks on any important matter; but when writing 855 pages on diseases of women, to dismiss in two pages the relations of inflammation to diseases of the womb, is neither scientific nor scarcely respectful to what has so long stood as the keystone of uterine pathology; but let us see what Dr. Emmet puts in its place.

"Subacute or chronic inflammation of the cervix, which so often shows itself by uterine ulceration, is for him a myth, a delusion, and nothing but the

everted rim of a more or less lacerated cervix. He considers the womb to be so little up to its work, as to be always lacerated by parturition, and that what has hitherto been known as ulceration is nothing but uterine ectropion. This theory, however, cannot possibly explain the same kind of uterine ulceration often met with in married women who are sterile, and sometimes in single women; so I may ask to be credited when I affirm that endocervicitis and ulceration are often met with in women who have borne children, without being caused by laceration.

"Dr. Emmet asks us to treat these comparatively mild cases by extensive division of the neck of the womb, sufficient paring away of tissue, and by re-sewing of the divided cervix.

"But this is not all; while admitting that nature often heals whatever laceration may have occurred, he maintains that it does so after a bungling fashion, by means of a very untrustworthy kind of a cicatricial tissue, which is to be cut away, says the master, 'if the cervix be large, or causes neuralgia;' to be cut away, wherever found, and under all circumstances, say the pupils, for fear of future mischief.

"So now, in America, the womb is to have no peace; if its mouth be surrounded by a rim of ulceration, a delicate and serious operation is to be performed; and however sound the tissues may be, the same operation is recommended, should it be possible to detect any trace of a long-healed laceration. Of the many patients attended by me during the last thirty years, I cannot remember a bad case of cacoplastic cervix with endocervicitis that I have not been able to cure by preliminary intercervical incisions, deep enough to drain long-congested tissues, followed by *potassa fusa cum calce*, and the subsequent dressing with tincture of iodine, so I do not see why the risk of a much more dangerous operation should be run, even in bad cases, except in a limited number that I have not time to specify. We are not, however, allowed to reserve tracheloraphy for long-standing cases of cacoplastic cervix with endocervicitis; we are actually asked to adopt this operation as the best means of curing the comparatively mild cases of endocervicitis and ulceration, when the cervix seems otherwise healthy and not much larger than usual. These cases can be cured in two or three months by such applications as the acid nitrate of mercury, or nitrate of silver, coupled with proper medical treatment, and it would be preposterous indeed to treat them by tracheloraphy. At all events, the question is now before the profession, and the ever-increasing number of highly intelligent general practitioners, who become our judges on ceasing to be our pupils, know well how

to discount the hobbies of metropolitan authorities, and the decision may be safely left to them.

"I have seized this opportunity of entering another protest against the too frequent use of the knife in the treatment of uterine affections, but it must not be supposed that I consider what precedes to be necessary for the safeguarding of the interesting objects of my solicitude in the present work. No, they have fortunately reached that most enviable time of life when the womb is well nigh safe from the onslaught of American surgery and the more vexatious, permanent irritation of pessaries that do not fulfil their object. The comparatively peaceful tenor of pathology at the change of life has reacted favorably upon the author. He knows that he will no longer be called upon to oppose the crotchets of esteemed fellow-laborers, and that in a perfect spirit of peace he may set himself to describe the closing scenes in the life of woman."

SHOES.—A PRACTICAL PAPER.—At the recent meeting of the hygienic congress, Col. Ziegler, who in addition to his strictly military rank is also chief surgeon of the federal army, read an interesting paper on shoemaking, or, rather, on the evil effects of badly-made shoes, with special reference to hygiene and the marching powers of soldiers. Among other interesting facts Col. Ziegler mentioned that the Swiss examining surgeons are compelled to reject every year eight hundred recruits—the strength of a battalion—for malformation of the feet resulting from badly-fitting shoes. The foot is in reality a bow so elastic that at every step it contracts and expands, lengthens and shortens, and a line drawn through the centre of the great toe intersects the heel. But shoemakers, who are generally utterly ignorant of the anatomy of the foot, do not give room enough for the lateral extension of the great toe. They crib, cabin, and confine it until it is forced against the other toes. Hence arise frequent inflammations of the great toe, corns, ulcerations, and sometimes veritable articular inflammation. Another evil which Col. Ziegler ascribes in great measure to bad shoeing, is flat-footedness, whereby the arch is converted into a straight line, and prolonged walking and marching rendered impossible. Another cause of this defect is the habit of carrying heavy weights at an early age; but in most instances, Herr Ziegler contends, perfect shoes would restore the foot to its normal condition. The first obstacle to a reform in the shape of shoes lies in the fact that it would involve a great expense in the shape of new lasts, an expense that shoemakers are naturally loath to incur. Fashion has also its lasts, and shoemakers consider themselves bound to conform to the prevailing mode. A test of a perfect

pair of shoes is that when placed together, they should touch only at the toes and heels ; the soles should follow the sinuosities of the feet, and to give room for their expansion should exceed them in length by fifteen to twenty millimeters. As for military foot gear, the colonel said, without answering the question whether soldiers should wear shoes, "laceups," or "bluchers." That is a matter of opinion. Although the principal of the "normal" shoe has been accepted in Switzerland, it is so far without result, for Swiss soldiers shoe themselves at their own expense. The question is, however, being taken up by the confederation, and a new regulation on the subject is about to be introduced. The only armies in which the normal shoe has been adopted are those of Germany and Italy. In 1876 the government of Baden organized a shoe exhibition, in which the Italian model carried off the honor. The French army is shod on the old vicious principle. The Russian shoes is about as bad as it can be. The ordering of this important article of military clothing should be assigned to the medical staff. The shoeing of children is a matter of great importance, and shoemakers' apprentices should be instructed in the theory of their calling. As further means toward a reform, the colonel recommends that, in all establishments controlled by the state, the normal shoe be made compulsory, that military shoemakers be properly instructed, and that in every country there should be a model shoe factory for the making of "physiologic shoes."

After Col. Ziegler had read the paper, Dr. Roth, of London, produced an English-made shoe which answered to the conditions laid down by the Swiss surgeon, and he contended that for the prevailing defects in foot gear the indifference of the medical faculty was quite as much to blame as the ignorance of the shoemaking fraternity.

Dr. Jäger, the great German authority on clothing and hygiene, called attention to the materials of which shoes are made. The leather in ordinary use, he considers, has quite as many sins to answer for as the shoes into which it is converted. Instead of tanned and blackened leather he would have wool, felt, and above all deerskin. Of all these he showed specimens, "which appeared rational."

After a discussion on the cause of flat feet, Dr. Vallin, of Paris, admitted that in France shoes for the most part are abominably bad, and the feet of their wearers almost invariably deformed. The shoes worn by Parisians are, however, not quite so contrary to nature as those worn by Parisiennes, whose aim seems to be to make their feet resemble in shape the hoofs of horses.

In summing up, Dr. Ziegler expressed his regret that fashion was allowed to have so great an influence on the shoeing of human kind, and that in this, as sometimes in other matters, husbands should live under their wives' slippers.

PROCEEDINGS OF SOCIETIES.

A THIRD SUCCESSFUL CASE OF CHOLECYSTOTOMY.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Worcester, August 1882. By LAWSON TAIT, F.R.C.S., etc. Surgeon to the Birmingham and Midland Hospital for Women.

On December 20th, 1881, Dr. Lycett of Wolverhampton brought to me a lady, aged 28, suffering from severe paroxysmal pain in the right side, associated with a tumor, which appeared and disappeared. It was found to be movable, situated on the right hypochondrium, and was, in my opinion, distinctly cystic. In spite of the fact that it had been pronounced to be a "floating kidney" by several distinguished authorities, I gave the opinion that it was a gall-bladder, distended by an impacted gall-stone, and I advised the operation of cholecystotomy. Dr. Lycett has favored me with the following history of the case. At the time of puberty, she began to suffer from pain in the hepatic region, varying in degree and duration, but generally sudden in its onset, apt to be induced by exercise of any kind ; and in this way it prevented her from engaging in dancing, and other pastimes. She first came under Dr. Lycett's care in March 1878, at which time he came to the conclusion that she was suffering from stone in the gall-bladder. One remarkable feature of the case has always been a perfect freedom from jaundice. She had her second child in 1880 ; and, after that, Dr. Lycett saw reason to alter his view of her case by the discovery of a freely movable tumor in the upper and right part of the abdomen. It seemed solid, and was shaped like a kidney. It was tender on pressure, and, when the hips were raised above the shoulders, it could be made to disappear. The patient stated that sometimes it could be felt below the umbilicus ; but Dr. Lycett was never able to satisfy himself of this. He came to the conclusion that it was the right kidney floating, and Dr. George Johnson expressed a belief that, in addition to this, there must be a calculus in its pelvis to account for the paroxysmal pain. No abnormal condition of the urine was ever found.

After the birth of her third child, she became much worse. Her sufferings were often intense, so

that she suffered from serious symptoms of collapse, and she became very thin and anæmic. "Under such circumstances," writes Dr. Lycett, "I advised her to seek your advice, with the object of submitting to abdominal section, in the hope of that possibly affording relief. To this measure, however, she took some six months to make up her mind, but finally consented when she had become a chronic invalid and almost bedridden."

I saw her with Dr. Lycett last December, and was fortunate in discovering the tumor at once. It seemed to me to be cystic, to be attached above, and therefore I pronounced it to be the gall-bladder distended, on account of the occlusion of the duct by a calculus. I put the floating kidney theory altogether on one side, because I have never seen such a thing, either in life or in a museum, nor have I met any one who has. In fact, I have no belief in its existence as a pathological incident.

I proposed to open the abdomen and remove the calculus, but, as Dr. Lycett says, she took six months to make up her mind to the operation. She came back to me early in June, very much reduced in health, and on the 15th I opened the abdomen by a vertical incision over the tumor. I came at once upon it, and found it to be the gall-bladder distended. I emptied it by the aspirator, removing about a pint of thick glairy mucus. I then laid it open, and removed about eighty gall-stones of small size, the largest weighing fifteen grains. They were removed chiefly by the use of a *curette*.

I then stitched the aperture in the gall-bladder to the wound in the abdominal wall, carefully closing the peritoneum, and leaving a drainage tube in the gall-bladder. The patient's recovery was uninterrupted; the highest temperature recorded was 100.4°, and the highest pulse record 84. The stitches were removed on the eighth day, the drainage-tube on the twentieth day, and in ten days more only a small sinus was left, from which some mucus still continues to be discharged. The patient has gained flesh since the operation, and has been entirely free from pain.

Neither at the operation nor in the after treatment were any of the "antiseptic" methods of Professor Lister employed, as I have entirely discarded all these for about two years, with great advantage to my patients.

The fistula in the gall-bladder continued to discharge clear mucus till on August 5th, when "something seemed to give way," as she said, and bile flowed freely. This is very satisfactory, as it shows that the occlusion of the duct has been overcome, and the complete functions of the organ may be re-

established by the closure of the fistula. This I shall take means of securing shortly.

A FOURTH CASE OF CHOLECYSTOTOMY.

A. B., aged 37, was placed under my care some weeks ago by my colleague, Dr. Hickinbotham. A tumor in the position of the gall-bladder could be occasionally discovered, and she suffered intermittently from severe attacks of colic. It was clearly a case of distended gall-bladder. On October 13th, I performed an operation, precisely similar to that narrated above, and removed sixteen gall-stones, varying from seven grains to thirty-five in weight. I removed the drainage-tube on the third day. The stitches are now (October 24th) all removed, and the wound is almost healed.

CLINICAL SOCIETY OF LONDON. FRIDAY, DECEMBER 8TH. JOSEPH LISTER, D.C.L., F.R.C.S., F.R.S., President, in the Chair.

Three Cases of Intussusception in Infants treated by Abdominal Section.—Mr. Rickman J. Godlee read notes of three cases. The first was that of a child aged nineteen months, who was admitted into University College Hospital with well-marked symptoms of intussusception, from which it had been suffering for four days. The bowel protruded at the anus. The child was very ill and weak, and it was doubtful whether it was justifiable to perform any operation. It was not thought wise to spend much time on attempts at inflation, and accordingly abdominal section was performed without much delay. Antiseptic precautions were adopted throughout; the child being as far as possible protected from the chilling influence of the spray by using as small a volume as possible, and wrapping up the greater part of the trunk and legs in cotton-wool. No great difficulty was experienced in finding the point of involution, nor in reducing the intussuscepted part; the wound was secured as in ovariectomy, and a dressing of iodoform wool was applied and secured by a flannel roller. The temperature rose the day after the operation to 105°, but soon fell to about 100°. It was necessary to give small quantities of brandy after the operation; and for some few days minim doses of laudanum were given, to check restlessness and a slight diarrhoea which ensued. A little suppuration occurred along the course of the sutures; but the wound healed well, and by the eleventh day it had completely closed, the child being apparently in perfect health. Case II. was that of a somewhat younger child, who had been seized with sudden pain two days previously. The symptoms of intussusception were clear; and a sausage-shaped tumor was felt to the right of the umbilicus, easily mova-

ble, especially from above down. In the intervals between the spasms, the child was apparently free from pain. Under the influence of chloroform, the tumor could be easily felt, and it was thought that it diminished under manipulation; but, as a considerable mass remained, the abdominal section was performed as in the previous case, and reduction was effected by grasping the end of the ileum, and drawing it toward the wound. Next morning, the child seemed pretty well; but peritonitis set in rapidly, and death occurred the following night. The spray used in this case was remarkably small. At the necropsy, the last two inches of the ileum and the first two of the cæcum were found much congested and thickened, and some slight ulceration had occurred in the ileum; the rest of the intestines were almost empty. There were marked appearances of peritonitis. Case III. A child, aged fourteen weeks, was admitted into the North-Eastern Hospital for Children, with symptoms of intussusception that had lasted several days. The child was very ill, and the abdomen much distended and tender. The bowels protruded at the anus. Abdominal section was performed. It was very difficult to find the point of involution, which was seated deeply in the splenic region, and correspondingly difficult to effect the reduction. After about four inches had been drawn out, the cæcum and vermiform appendix appeared; and, thinking that the reduction was complete, Mr. Godlee drew the cæcum toward the iliac fossa, and closed the wound in the abdominal wall. The child never rallied, but died eight hours after the operation. At the necropsy, it was found that seven inches of large intestine still remained unreduced. It was clear that the involution had commenced, not as is usually the case, at the ileo-cæcal valve, but at some point in the course of the transverse or perhaps the ascending colon. Some sloughing had already occurred in the cæcum. Mr. Godlee pointed out how easily such a mistake as that which he made in the last case might occur, and the manner in which it might be avoided. He did not feel discouraged by the result of the last two cases; but, whenever the gut protruded at the anus, he would at once proceed to the operation, or at all events would not waste much time in attempting inflation. On the other hand, in cases such as the second recorded, he would give inflation and injection a good trial, since those were the cases most likely to be cured by this proceeding, and they were in a condition better able to bear the exhausting results which it caused; and, moreover, it was clear that the danger of peritonitis was a real one, even if the operation were carried out antiseptically.

A Case of Acute Intussusception.—Mr. George Brown gave particulars of this case. The patient, a boy, aged two years and nine months, an active and robust little fellow, was taken suddenly ill about an hour after a hearty breakfast, on the morning of April 14th, 1882, with severe abdominal pains, followed by sickness and constant desire to go to stool. His bowels had acted naturally in the morning, and up to the sudden attack he was apparently in excellent health. Mr. Brown saw the patient within an hour of the onset of the symptoms, and found him on the sofa crying and writhing in agony, and ordered hot fomentations to be applied to the abdomen, and two minim doses of liquor opii sedativus to be taken every hour. The symptoms, however, continued very severe the whole day, and toward night blood, mixed with mucus, was voided from the bowels in considerable quantity. This pointed almost conclusively to the nature of the case, and the diagnosis was confirmed on the following morning, by which time the invaginated intestine could be felt in the rectum. The abdomen was much distended, and there was a large sausage-shaped tumor in the left inguinal and lumbar regions. The case being one of extreme gravity, Mr. Brown suggested the calling in of a consultant. Dr. Cholmeley saw the patient on the 15th, and recommended enemata and insufflation, with the internal administration every hour of a full dose of henbane, to be tried before resorting to an operation. The henbane, after a few doses, had a very soothing effect, but the enemata and insufflation only seemed to aggravate the symptoms, causing more straining and some signs of collapse. On the next day, treatment being found unavailing, the parents consented to an operation, although, from the severity of the symptoms and the semi-collapsed condition of the patient, success seemed almost hopeless. Assisted by Mr. F. H. Hume and Mr. J. B. Cook—chloroform having been administered—Mr. Brown performed abdominal section, making the incision just at the inner margin of the tumor, about two and a half inches to the left of the middle line. After considerable difficulty the point of invagination was found, but all attempts at releasing the incarcerated gut by the usual methods failed. After the patient had been under chloroform about an hour it was decided to discontinue further attempts at reduction. It was then found impossible to return the portion of the intestine which had been drawn through the incision to the abdominal cavity, in consequence of extreme distension with gas. As pricking with needles seemed to cause no diminution in bulk, it was deemed advisable to make a small longitudinal inci-

sion in the descending colon to facilitate the escape of gas and faecal matter (if any). This procedure at once revealed the cause of the failure to release the invaginated bowel. The inflammatory action had been so severe as to cause firm adhesion of the serous membrane of the colon and that of the invaginated small intestine. The latter was also of a very dark color. The bowel was then returned to the abdominal cavity, and the wound closed, except a small portion which was left, as in the operation for artificial anus. The child recovered from the immediate effects of the operation better than could have been expected, but later in the evening severe retching and vomiting ensued, which speedily resulted in collapse, and death took place about six hours after the operation. Mr. Brown said the chief features of the case were the rapid and acute character of the symptoms, and the fact that, although only about fifty-two hours had elapsed from the onset of the attack to the performance of the operation, firm adhesion of the intestinal surfaces had taken place. In any similar case he would have great confidence, supposing milder measures failed, in recommending the performance of the operation as soon as possible after the true nature of the case had been recognized. In future he should select the middle line for section, as offering greater advantages for manipulation than that selected in the present case.—Mr. Bryant congratulated Mr. Godlee for acting on the courage of his opinion, and operating. The cases supported the view that early operation was called for, though valuable time was possibly lost in one case. In all three cases Mr. Godlee had been able to withdraw the intussuscepted bowel from the colon, and he was quite right in doing what he had done. Successes in these cases were not frequent when the operation was delayed to the later stages of the illness. The cases were somewhat analogous to those of hernia; and just as the value of taxis in an early stage of that disease was great, while in later stages, when the bowel was inflamed, taxis was less valuable, and was even sometimes not justifiable, so in the early stages of intussusception, mild measures, such as inflation *per anum*, were often of great service, but in a later stage might be injurious; and success became almost hopeless from any other treatment than operation. It was true that, as if by accident, cases even then recovered, as when there was sloughing and discharge of the invaginated bowel; but this was a successful result which no surgeon would care to expect. As to the operation itself, Mr. Godlee was able easily to draw out the invaginated portions of the intestine; his success in this respect was unusual. Generally,

there was difficulty in pulling it out, as in Mr. Brown's case; this *contretemps* produced a surgical difficulty, which no one could desire to face. Mr. Brown's little patient was, however, almost moribund before the operation, and it probably gave him no worse chance of life. Mr. Marsh thought the cases of success were so rare, that Mr. Godlee was to be congratulated on the successful result in his first case. It was an infant, it must be remarked, and it showed that such an operation might be successful even at that age. The difficulty in intussusception appeared to him to be mechanical. At first, mild measures might be of use; later on, nothing but operation was of service. There were at present very few successful cases on record. But that was the history of other operations when they had been first achieved, though afterward greater experience had rendered them very useful. As Dr. Hilton Fagge had observed, the occurrence of hæmorrhage *per anum* indicated that there was much strangulation of the bowel, but it also indicated that the circulation was not quite arrested in it; and, therefore, it showed that something should be done at once. The period at which strangulation came on was very variable, but the period during which the symptoms of strangulation had been present was the important point. In a child aged seven months, upon whom some years ago he had performed successful abdominal section, the intussusception had existed for a fortnight, but strangulation for twelve hours only. He thought these operations should be done early. Inflation might be tried at once, and if it proved unsuccessful, then the operation should be performed; just as in hernia when taxis failed. The severity of any operation should not deter the surgeon from doing it, if it was the only course likely to rescue the patient from death. Very few of these cases recovered, unless an operation was performed, except by accident, as it were. If there were difficulty in pulling out the invaginated intestine, it should be pushed up from below as recommended by Mr. Jonathan Hutchinson.—Dr. F. Taylor said that, in three cases of intussusception seen by him last year, recovery had taken place in two after inflation, and yet the cases had each existed from two to five days. The severity of the symptoms in the successful cases was not marked; there was very little distension of the abdomen, and the children were not very bad. In the unsuccessful case, the symptoms were more rapid and acute, and inflation was attempted, with the result that the tumor was reduced from the size of an egg to that of a hazel-nut, and the tumor was driven round from the left side of the abdomen to the right side near

the ileo-cæcal valve. The tumor subsequently increased in size, and inflation was again attempted, but unsuccessfully, and the child died from collapse three hours afterward. At the *post-mortem* examination the bowel was forced out by water, but was found to have a crack in it. The operation, when necessary, ought to be done at an early stage.—Dr. Mahomed said that in a patient of his who had disease of the abdomen, probably intussusception, a portion of intestine five inches long was passed. He inquired if it would have been proper to cut down upon the bowel and remove it. If so, that might be done in cases of acute intussusception; the whole length of implicated bowel might be taken away, and the remaining ends united in cases which otherwise seemed to be quite hopeless. Would surgeons countenance such a procedure?—Mr. Howse could not help recognizing that cases of intussusception were very serious. In four cases since 1876 inflation had been tried by him unsuccessfully, and ventral section then performed. In all four cases the invaginated bowel could not be even then returned, although Mr. Hutchinson's suggestion of pushing back the intestine from below had been tried. In two cases, Mr. Howse had then excised the ileo-cæcal valve, joining the cut ends, but without success. In performing the operation, one often came at last to a part of the bowel which was adherent to that unsheathing it, and a little escape of feculent matter was apt to occur, with almost certain death if it ran into the peritoneum. To prevent this calamity, a thin sheet of rubber material might be used, through a hole in which the whole portion of the bowel being operated upon might be passed during the whole time of its withdrawal from the abdomen. As to the junction of the cut ends of the bowel, he had found it difficult to withdraw the intestine sufficiently to enable him to see it well. In cases where the bowel passed through the anus, an Italian surgeon, not recognizing its nature, had seized and cut it off with scissors; he then found he had cut off the ileo-cæcal valve. That patient had recovered. With this bit of experience before him, Mr. Howse would advise that in such cases the bowel should be seized, and kept down by pins passed through it, and then cut off below the pins.—Dr. Andrew Clarke thought if surgeons would keep a careful record of temperature from the beginning to the end of these cases, particularly throughout the operation, it would tend to the clearing up of some difficulties connected with the question of temperature in disease.—Mr. Haward had recently had an unsuccessful case of operation of this kind, and he thought the point as to the duration of the strangu-

lation was much more serious than that of the duration of the intussusception. A child, aged seventeen months, five days before being seen by Mr. Haward, had acute pain, was found writhing on the floor, and vomiting. It had one loose motion after the first few hours, and then no other during the next four days, but blood on the second day had passed *per anum*. The pain and vomiting had lasted for all the five days, when the child was admitted to St. George's Hospital; the tumor could then be felt. Ether was given, inflation, etc. tried, and, when these attempts were found to be unsuccessful, the abdomen was at once opened, and the invaginated bowel easily withdrawn, the ileo-cæcal valve being the part involved. Then the real difficulty of the operation began, for the bowel had protruded, and the difficulty in returning it was very great. The child was held almost head downward, the bowel had to be pricked, and gas and liquid feces drawn off by means of a trochar and canula, after which the wound in the bowel was sewn up with carbolized suture. The peritoneum was, however, in spite of all the caution exercised, cracked in many places. The operation necessarily lasted a long time, and the child died a few hours afterward from commencing peritonitis. Mr. Marcus Beck had also done the operation, and had had the greatest difficulty in subsequently returning the bowel to the abdomen.—Mr. Pepper had seen Mr. Beck's case, and recognized the trouble in returning the intestine. In another case at St. Mary's Hospital there was the greatest difficulty in withdrawing the intussuscepted bowel, and the peritoneum covering the volvulus was split.—Dr. Buzzard said that a case of intussusception did not stand on the same level as a case of ovarian disease in regard to the necessity for an operation. In simple intussusception there was not obstruction of the bowels; but, when the bowels became adherent together, from that time a process of cure was beginning to go on. There was a natural tendency thenceforward to recover, only that patients often died before recovery could be accomplished. There was this element of possible recovery, which was absent in many other cases in which abdominal section was carried out.—Dr. Glover inquired if there was generally no benefit from the use of belladonna in these cases. In a child who had obstruction for ten days, and who became emaciated, and whose symptoms increased in severity, though opium and enemata were tried, it was determined, before proceeding to abdominal section, to try the effect of belladonna. Extract of that drug was then given, with the result that after four doses the child had a good evacuation.—The

President thought the Society was to be congratulated on the value of the paper, and the discussion it had drawn forth. Mr. Howse's suggestion, though startling from its novelty, was worthy of consideration. It seemed to be in imitation of that process of nature which had been remarked upon by Dr. Buzzard. As to the cause of the peritonitis in Mr. Godlee's second case, he considered it most probably due to the state of the bowel. In abdominal surgery, it was said that antiseptic precautions were not required. But he thought that surgeons, perhaps unconsciously, used many antiseptic precautions, such as the boiling of sponges, the use of antiseptic ligatures; and though they did not use the spray, that was, he considered, among the least of the antiseptic necessities.—Mr. Godlee said that, in the case of peritonitis, the condition of the bowel was worse than in the other cases. It was very rare for the bowel to separate by sloughing at a very early age of childhood. Cases of intussusception in very young children usually died; those in more advanced childhood recovered after inflation. As to the course of treatment to be pursued, laid down by Mr. Bryant and Mr. Marsh, the difficulty lay in exact diagnosis. As to the plan of reducing the bowel, he had unrolled the larger bowel from off the surface of the smaller, and no adhesions had taken place between the two. The bowel might be merely intussuscepted for a long time, four to six weeks, without adhesions taking place. The temperature of each case was 99° Fahr. before the operation. No observations had been made upon the point just after the operation, but about nine or ten hours afterward it had risen to 103° Fahr. in each case. He had also found great difficulty in returning the bowel into the abdomen in his cases.

REVIEWS.

SYPHILIS. By V. CORNIL. Translated, with Notes and Additions, by J. H. C. SIMES, M.D., and J. W. WHITE, M.D. Pp. 461; 85 Illustrations. H. C. LEA'S SON & Co., Philadelphia, 1882.

The original work translated by Drs. White and Simes, of Philadelphia, was first published in 1879. It is more of a manual on the pathology of syphilis than a treatise on this subject. As a pathological exhibit, however, it has no superior, and the drawings add largely to its value. Mr. Cornil denies the celebrated statements of Heubner, in regard to the arterial changes in acquired syphilis, the evidences so far being insufficient; but he confirms all of the claims of Wagner and Ranvier, in regard to

the changes in the long bones in inherited syphilis. The additions by the translators cannot be said to add to the value of the work. The original work is magisterial in source and teaching; the additions are at best problematical in the conclusions and teaching announced.

PRACTICAL MEDICAL ANATOMY: A Guide to the Physician in the Study of the Relations of the Viscera to Each Other in Disease, and the Diagnosis of the Medical and Surgical Conditions of the Anatomical Structures of the Head and Trunk. By AMBROSE L. RANNEY, A.M., M.D. Illustrated. Octavo, 339 pp. Wm. Wood & Co.

A radical defect in this work is an utter absence of system and arrangement; it is an anatomical olla-podrida. The plates are numerous, but poor in design and execution. The merit of the work is an absence of pretence. It is offered as a guide to students, and certainly makes much that is dull really interesting to them. Very many subjects are omitted, and there has been no design, or plan, or harmony as to the subjects selected. The book is, at best but fair in scope and execution.

HOW TO BE WEATHER-WISE. A New View of our Weather System. By ISAAC P. NOYES. New York: FOWLER & WELLS. Pp. 51. Price 25 cents.

This is a brief and plainly-written explanation of the causes of changes in the weather, based upon the system of the United States Signal Service. It also explains the nature of that service. Comparatively few appreciate the value of the Weather Bureau, because its work is but little understood by the people who read the daily "Indications." Mr. Noyes shows how the data are obtained for these indications, and how simple a matter it is to observe weather signs, when the principle involved in weather movements is understood.

REPORT OF THE BOARD OF MANAGERS OF THE AMERICAN HOSPITAL FOR SKIN DISEASES. Philadelphia, 1882. Pp. 16.

ANNUAL ANNOUNCEMENT OF THE TORONTO SCHOOL OF MEDICINE, 1882.

USE OF THE ECRASEUR FOR CURING DEEP-SEATED FISTULA IN ANO. By J. M. F. GASTON, M.D. of Brazil. Reprinted from the *American Journal of the American Sciences* for July, 1881. Pp. 8.

THE THERAPEUTIC ACTION OF POTASSIUM CHLORATE. THE OLEATES AND OLEO-PALMITATES IN SKIN DISEASES; THE TREATMENT OF SYPHILIS WITH SUBCUTANEOUS SUBLIMATE INJECTIONS. By JOHN V. SCHOEMAKER, A.M., M.D.

Three pamphlets of 16 to 20 pages each, printed

from advance sheets of Transactions of the American Medical Association. They are all excellent.

THREE CASES OF STRICTURE OF THE URETHRA CURED BY ELECTROLYSIS. By JOHN BUTLER, M.D. Pp. 4.

Reprinted from the New York *Medical Times*.

MISCELLANEOUS.

THE TREATMENT OF RINGWORM.—A writer in the *British Medical Journal* says: The difficulty experienced in the treatment of ringworm is known to every one who has seen much of this disease. I therefore think your readers will be glad to hear of a remedy which I have recently used with complete success. Struck with the similarity that exists between the disease known in the East Indies as *dob-zitch* and ringworm, and knowing how rapidly the former yields to the application of goa powder, I was induced to try the active principle of this substance, chrysophanic acid, in the proportion of one drachm to one ounce of vaseline. The result has been the rapid destruction of fungus, and consequently a complete cure. Chrysophanic acid has been recommended in the treatment of psoriasis, but I am not aware of it having been used hitherto for ringworm.

THE expedient of pouring oil upon the broken waves of the ocean to produce a comparative calm is, curiously enough, spoken of by some of the scientific journals as a new thing. The fact is that this action of oil in stilling breakers is as old at least as Aristotle.

IN a tenement house in Mott street, situated almost exactly opposite the offices of the Board of Health, and plainly visible therefrom, is situated a tenement house, or rather houses, which are as bad as anything to be seen anywhere to-day. They are occupied by Italians, but though poor the people themselves are fairly cleanly, and their rooms are at times, considering their surroundings, wonderfully clean. The closets, however, are in a disgraceful condition, and present a spectacle as filthy as the slough of despond itself. This state of affairs could be remedied; it has been vastly improved at Boston, and it is not creditable that New York should long lag behind.

DR. MEREDITH, in the *Birmingham Medical Review*, recommends oil of peppermint as an external application for allaying the neuralgic pain so often complained of in cases of herpes zoster (shingles).

PTOMAINES IN THE AMNIOTIC FLUID.—The existence of a ptomaine has been demonstrated in the amniotic water. The fluid, obtained by puncturing the membranes during labor, was subjected to chemical examination by Mourson and Schlagdenhauffen, by whom the fact was reported recently to the Academy of Sciences at Paris. If the toxic character of this ptomaine shall be established, it may serve to explain some cases of miscarriage which may be caused by its presence in abnormal quantity. [As ptomaines have been shown to exist in normal urine, possibly the source of the pseudo-alkaloid here may rest with the foetus rather than with the mother.—Tr.]—*La France Médicale*, No. 56.

PROFESSOR VON BISCHOFF.—The eminent anatomist, Dr. Theodor von Bischoff, well known for his researches on the development of mammalia, died in Munich on December 5th, at the age of 76. Dr. von Bischoff, who was a Hanoverian by birth, commenced his career in 1832, after graduation, as assistant in the obstetric department of the University of Berlin. In 1833 he became a teacher of anatomy in Bonn; in 1849 he was appointed an extraordinary professor of anatomy in Heidelberg; and in 1843, ordinary professor of anatomy and physiology in Giessen. In 1855 he accepted an invitation to the analogous chair in Munich. He was the author of a classical work entitled *Entwicklungsgeschichte der Säugethiere*, and of a book on the "Laws of Nutrition in the Carnivora," as well as of several works on the anatomy of the skull and muscles in man and animals.

AN AID IN PERCUSSION.—In the *Chicago Medical Journal and Examiner* will be found the following expedient, suggested by Dr. E. C. Huse: If a couple of feet of small rubber tubing be attached to an ordinary "finger stall," such as to be found in most drug stores, and its top, sewed to an elastic band, be pushed into the ear, the stalled finger will convey sounds in percussion, where nicety is requisite, far better than in the ordinary way. It is to percussion what the stethoscope is to auscultation. An apparatus which the doctor devised, cost twenty-eight cents, and worked nicely.

THREE CASES OF DISSEMINATED SCLEROSIS OCCURRING IN ONE FAMILY.—D. J. W. Holland (*Louisville Medical News*, Dec. 9th, 1882) reports the case of a patient, aged 27, in whom the symptoms of disseminated sclerosis commenced at the age of 12, confined at that period to the antero-lateral tracts, and only within the last three weeks have bulbar symptoms become perceptible. Two sisters, one

now 17, the other 13, began in their eleventh year to stagger and now cannot walk at all. They have tremors and are paretic in legs; one of them also in the arms. Speech and neck muscles are sound; mind is clear and muscles well developed.

NOCTURNAL INCONTINENCE OF CHILDREN.—This trouble is annoying and often intractable. Professor S. D. Gross (*Mich. Med. News*) advises the use of the following formula: Strychniæ, gr. one; pulv. canthar., gr. two; morphiæ sulph., gr. one and a half; ferri pulv., gr. twenty. He directs the pill mass to be divided into forty or fifty pills, according to circumstances. Under the use of this formula, together with careful hygiene, almost all cases of nocturnal incontinence in children rapidly improve.

THE DIGESTIBILITY OF OYSTERS.—Why oysters should be eaten raw is explained by Dr. William Roberts in his lecture on "Digestion." He says that the general practice of eating the oyster raw is evidence that the popular judgment upon matters of diet is usually trustworthy. The fawn-colored mass, which is the delicious portion of the fish, is its liver, and is simply a mass of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment—the hepatic diastase. The mere crushing of the oyster between the teeth brings these two bodies together, and the glycogen is at once digested without any other help than the diastase. The raw, or merely warmed, oyster is self-digestive. But the advantage of this provision is wholly lost by cooking; for the heat immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

"My dear sir, do you want to ruin your digestion?" asked Professor Houghton, of Trinity College, one day of a friend who had ordered brandy and water with his oysters in a Dublin restaurant.

Then he sent for a glass of brandy and a glass of Guinness's XX, and put an oyster in each. In a very short time there lay in the bottom of the glass of brandy, a tough, leathery substance resembling the finger of a kid glove, while in the porter there was hardly a trace of the oyster to be found.

QUINQUINA AS AN ANTIPERIODIC.—Mr. G. T. McKeough, M.B. (*Canada Lancet*), writes of his experience in the use of quinquina as a substitute for quinine. He says quinquina is a preparation said to contain fifteen per cent of quinia, and that the remainder contains the other alkaloids of the cinchona bark. He used the drug with twelve patients and declared that the results obtained merit further

trial. He thinks it will prove as trustworthy as quinine, grain for grain. Thirty grains will cure an attack of typical tertian or quotidian ague. One decided benefit it has over quinine, is the absence of any of the unpleasant symptoms of cinchonism. As to the mode of administering it, the drug is insoluble to some extent and therefore gritty and sandy. It is exceedingly bitter. From this, it seems best to give it in capsules, wafers, or suspended in acacia elixir of tarax. co. etc.

IMPROVED DWELLINGS.—A visit paid here to one of the blocks recently erected by the Improved Dwellings Association afforded many satisfactory proofs of the way in which these buildings are appreciated by the class for whom they have been erected. The dwellings of this company are situated on First Avenue, and consist of thirteen houses of six stories each, with basements used as cellars and laundry. There is here accommodation for 218 families in suites of two, three, and four rooms, which are rented at from 8s. to 16s. per week. There are a laundry, reading-room, and bath-house connected with these buildings, and there is ample playground for the children. Care has been taken to make the sanitary arrangements perfect; but a casual visit leads to the conclusion that at present the soilpipes have to be better ventilated and the drains to be properly disconnected from the main sewer before the health of the inmates is likely to continue good. These buildings were opened in May 1882, so the managers have had but a short experience of the working. The mortality among the children, of whom 400 have been residents, has been a total of three deaths, and out of 218 sections no less than 157 have been occupied. There is a slight discipline enforced on Irish people, who are unable to give a clean bill of health as to drink, all scolds, and mothers who cannot control their children, are not admitted. These refusals are in practice very few, the night janitor reports all cases of drunkenness, and after two cautions a third offence is visited by a notice to quit. Credit is not given except in case of death or sickness. There are resident at the present time within the buildings twenty-one French Canadian families who are reported to make excellent tenants and to be very respectable.

PROF. J. L. CABELL AND LISTERISM.—He says such a statement as "Listerism is dead," in view of the fact that the practice is upheld by such men as Paget, Spencer Wells, Knowsley Thornton, and many others in England, and by numerous surgeons of equal eminence in Germany, France, and America, is simply preposterous. "Those who make it," he

says, "probably intend to say that, *in their opinion*, Listerism ought to die. As a matter of opinion this is intelligible, and will doubtless be received with as much consideration as may properly be due to the opportunities which the parties concerned may have had for making a fair comparison of Listerism with other methods. It deserves notice, however, that every person who denounced Listerism in the discussion in Philadelphia took credit to himself for never having tried it." Among continental surgeons, Professor Stokes says the following testify to the value of antiseptic treatment: Von Nussbaum, Bardeleben, Esmarch, Thiersch, Von Langenbeck, Volkmann, Saxtorp and Champonnière. In reference to Mr. Lawson Tait's alleged success, without antiseptics, Prof. Cabell recalls the statement of this gentleman that the progressive lessening of the death-rate in ovariectomy indicates nothing more than mere increase of general skill. Of Keith's dramatic announcement that since he had abandoned Listerism he had had twenty-seven successive recoveries, it is pointed out that it applied only to the use of the spray. All that such facts prove, according to Prof. Cabell, is "that the highest success has been attained without the use of the Listerian dressings, but they do not convince the majority of skilled ovariectomists that it is safe to dispense with the additional security which the Listerian method confers. It is the part of wisdom to use every possible precaution against the development of septic conditions. That the Listerian precautions do avail to this end, the experience of Spencer Wells, Goodell, and Homans abundantly proves. Operating under identical conditions in all other respects, they found a notable difference in the results of their antiseptic and non-antiseptic cases." Wells, with the exercise of the utmost care, was able only to reduce his mortality to 17 p. c.; but immediately on adopting the antiseptic method it fell to 11 p. c. Recently a crucial test has been made at the Samaritan Hospital, which showed a mortality with antiseptics of about 7 p. c., and without of about 30 p. c., which led the committee having charge of the observations "to express a strong opinion against the performance of ovariectomy for the future without full antiseptic precautions."

ABDOMINAL DELIVERIES IN THE UNITED STATES FOR 1880.—Dr. R. P. Harris, of Philadelphia, continues his record of the abdominal deliveries in the United States, and gives as the result for 1880 five Cæsarean operations, and three Porro-Cæsarean. The results of the classic Cæsarean sections are encouraging, three women and four children having been saved. The antiseptic method of Lister, the

cleansing of the abdomen from blood and other fluids, the wire uterine suture, and numerous minor modifications of the operation have undoubtedly contributed to this result. The uterus was sutured in three out of the five cases, with a saving of two. The Lister method was used in two cases, and phlegmasia dolens, which attacked two of the three American Porro cases, occurred in one case.

The results of the three Porro-Cæsarian sections were one woman and two children saved. With enlarged experience and improved methods we should equal the records of the Maternities of Milan, saving six women out of eight, and the Krankenhaus of Vienna, eight out of eleven; the last six operations in each having been successful.—*Boston Med. and Surg. Journal*.

EXTRA-UTERINE PREGNANCY.—At the last meeting (in September) of the American Gynecological Society, Dr. T. Gaillard Thomas read a paper entitled, "Notes on Twenty-one Cases of Extra-Uterine Pregnancy." The author began by saying that until the last decade very little attention has been paid to the clinical study of extra-uterine pregnancy. In a general way it has received attention in works upon obstetrics, and the physiology and pathology of the subject have been carefully investigated, but its clinical bearings and collection of histories, and the careful collation and analysis of the symptoms which should arouse the fear and suspicion of the practitioner, and give the most appropriate treatment, had received an amount of attention entirely incommensurate with their paramount importance.

For the pathologist there were many varieties, but for the practitioner there are naturally but three, namely, tubal, interstitial, and abdominal. The history of twenty-one cases which had fallen under his observation was then briefly given. The symptoms which most frequently led to diagnosis were the symptoms of normal pregnancy accompanied by: 1st, regular gushes of blood ceasing and suddenly recurring without assignable cause; 2d, fixed grinding pain in one iliac fossa, and perhaps down the corresponding thigh; 3d, paroxysmal pains occurring with severity, marked by constitutional symptoms and in a short time passing off, to recur with increased violence in a few days; 4th, symptoms of abortion without an appearance of the foetus; 5th, expulsion of membranes without accompanying foetus.

The physical signs which sustained the validity of these symptoms were: 1st, Increased size in the uterus and displacement of it upward, forward, and laterally; 2d, evidence of vacuity in it, yielded by the sound or tube; 3d, the presence either to

one side of the uterus or behind it of a cystic tumor somewhat painful to the touch, rather immovable, giving to palpation a sense of rather obscure fluctuation, and in some cases yielding the sign of "ballotement." In a few of his cases this sign has been plainly distinguishable, but this had been an exception to the rule, and the absence of it should never be relied upon as evidence against the existence of the condition. In cases of advanced gestation of the ectopic variety, the placental murmur, the foetal heart, and the movements of the foetus will of course present themselves as valuable signs; but in tubal pregnancy, the kind most commonly encountered, death will generally occur from rupture of the foetal nest before they become at all available.

As to treatment, he proposed simply to give rules, which he thought his experience would induce him to adopt in future.

First. If an ectopic tumor be discovered and its nature pretty well settled before the end of the fourth month of gestation, he would destroy the vitality of the child by electricity in preference to all other methods which have been proposed.

Second. Should the fourth month of gestation be passed and surgical interference be called for, laparotomy or, if the tumor be low down in the pelvis, elyototomy should be preferred to the use of electricity, which leaves a large foetal body to undergo absorption inside the body of the mother.

Third. Should the pregnancy be abdominal, the practitioner should wait and watch, if possible, until nature demonstrates the outlet by which she desires the extrusion to be effected, then she should be aided. If, on the other hand, bad symptoms, under these circumstances, at any time showed themselves, laparotomy under strict antiseptic precautions, should be promptly resorted to.

Fourth. Should rupture of the foetal nidus have occurred before diagnosis has been fully made, the practitioner should wait and see whether nature is powerful enough to overcome the shock and control hemorrhage, then, further, if the patient is going to escape the dangers of peritonitis and septicæmia. If these favorable results do not occur, if hemorrhage is about to destroy the patient immediately, or if septicæmia attacks her later, antiseptic laparotomy should be performed.

MORTALITY OF BLACK AND WHITE TROOPS.—The *Medical Times and Gazette* says: "According to our Army Medical Department statistics, a striking difference is shown between the state of health of black and white troops. By these returns the black regiments appear to suffer vastly more than their

white comrades, from the ill effects of tropical climates. Thus, on the West Indies command, while the mortality among white troops last year was slightly over eight and one half per thousand, the deaths among the black troops were more than nineteen per thousand."

MAMMARY MENSTRUATION.—Mr. Stear (*Lancet*) reports a case of vicarious menstruation of this kind in a woman, aged 50, many years married, barren, and normally menstruating from 13th to her 48th year. Blood flowed from the nipples three or four days in every month, at regular periods. Severe pain in the breasts accompanied the flow. Professor Paget observed that he had seen a young girl who had a monthly effusion of blood in the anterior chamber of the left eye. This was absorbed in the intervals.—*Am. Pract.*

EXTRACTION OF TEETH DURING PREGNANCY.—Mr. Henry Sewill brought forward this subject. Pregnant women were constantly applying for relief, but when extraction was proposed—it being evident that the tooth was past saving—one was met with the reply that the patient's medical man did not consider that it would be safe for her to undergo the operation; the patient continued to suffer, and her strength was reduced by the pain. His own opinion was that this was a prejudice very much on a par with the idea that it was wrong to extract a tooth during the acute stage of alveolar abscess; and his practice was, in the early stages of pregnancy, to give nitrous oxide gas and extract the tooth. In more advanced cases, one must be guided somewhat by circumstances; but even in most of these he believed that extraction did no harm. Even if the patient were weak and nervous, the slight shock of the operation did less harm than the exhaustion produced by long-continued pain. Messrs. F. Canton and A. Coleman said they had frequently been asked this question, and never hesitated to answer it in the affirmative. They preferred to give nitrous oxide in such cases, and took care to give it thoroughly. They had never seen any harm result from the extraction of teeth under these conditions. Mr. George Wallis never hesitated to operate in such cases when an operation was necessary. On one occasion he was called upon to extract a tooth for a lady who was very near her time, and the child was born within twelve hours after the operation; but the patient had previously been in great pain, and she had a much easier labor than she would have had with an aching tooth to add to her other troubles. Several other members spoke to the same effect.

THE GASTROSCOPE.—Dr. Mekeliez, of Vienna, has invented an instrument for illuminating and inspecting the inside of the living human stomach. On November 5th he exhibited his apparatus, upon which he has bestowed the title of "Gastroscope," to the leading professors of the leading medical faculty at the Polytechnik and performed some interesting experiments with it upon a female hospital patient, suffering from chronic dyspepsia. It consists of a tube, fitted with a set of minute but powerful reflectors at one end, and connected at the other with an electric battery, by which brilliant light is projected into the stomach requiring inspection. This tube was passed down the subject's throat and remained there fully twenty minutes, during which time the Viennese professors were enabled to diagnose the condition of every part of the mucous membrane thus lighted up and revealed to their gaze.

EXTIRPATION OF THE KIDNEY.—Dr. Harris, of Philadelphia, furnishes, in the July number of the *American Journal of Medical Sciences*, an analytical examination of the 100 cases of extirpation of the kidney which have now been performed. Of these 100 cases, 45 have terminated fatally, 45 with recovery, and 6 were still under treatment when last heard of. Nephrectomy may be safely claimed to save at least one half the cases operated upon. Statistics show a yet higher rate of cure, but we must make allowance for unreported cases. It has been satisfactorily demonstrated that a person may spare one kidney without impairment of health, provided the one left be perfectly sound. It has also been shown that life may be materially prolonged after the extirpation of a malignant kidney, if that is alone affected; and it has also been proved that tuberculosis of one kidney is apt to be followed, sooner or later, by the same disease in the other. The true value of the operation, however, can only be estimated when we have a record of the subsequent health of the patients, and the time, cause, and manner of their deaths. In England and Scotland there have been 25 nephrectomies, with 10 recoveries and 13 deaths, and 2 recent cases.

RAPID DECOLORIZATION OF THE HAIR ASSOCIATED WITH INTENSE NEURALGIA.—M. Raymond has narrated, in the *Revue de Médecine*, the case of a lady aged thirty-eight, who came under his observation suffering from neuralgia of the scalp. She was very pale, and had black hair. After several days of acute suffering, the record states that "one evening the neuralgia of the head was truly atrocious; morphia was quite powerless to relieve her. At two o'clock on the following morning the pain was at its

worst. At this moment the hair had its normal color; at seven o'clock the same morning it was found that her hair was almost completely decolorized." It is remarkable that at first the greater part of the patient's hair became red, turning to white a few days later; and later still falling off in considerable proportion. The case affords an absolute contradiction to Kaposi's theoretical view that blanching of the hair can never take place very rapidly, but *must* require several weeks for its completion.

HÆMOPHILIA.—Hæmophilia is a very learned looking word, and, as it should do, it bespeaks a disease of which we know very little. The malady, which from time to time so unhappily incapacitates H. R. H. Prince Leopold, is one which most unprofessional people think to be due to some abnormal condition of the skin. A person who bleeds easily is said to have only one skin, in place of the proper number which it must puzzle many to tell. It is not, however, any such malformation, but what it is is much less certain. Such persons bleed easily from not only the skin when wounded, but from the gums and mouth, and mucous membranes. They also bruise easily, and in the same way it is probable that the troubles in the joints from which they suffer are to be explained by supposing some slight injury to the synovial membrane, and a subsequent escape of fluid to the cavity of the joint. We do not know what is the malformation or disease which predisposes to such an easy escape of the blood from its proper channels. The chemical constitution of the blood has been thought by some to be at fault, the smaller blood-vessels by others; but no chemical or microscopical investigations that have been conducted as yet have been anything but contradictory, and, therefore, have been without result. One curious fact, however, has been elicited from various observations that have been made; and this is, that it is hereditary to a marked degree, and that it is transmitted along the male much oftener than along the female line.—*Brit. Med. Jour.*

A RARE FORM OF SENILE GANGRENE.—Dr. Joseph Bell thus writes, in the *Edinburgh Medical Journal*: W. H., aged 75, a very healthy, temperate, contented old man, of spare habit and fairly healthy arteries, was sent into hospital, under my care, by Dr. Bentley, of Kirkliston, on January 17th, 1882. The second toe of his right foot was black and evidently dead. He said that a few days before admission he had met with an accident, the iron plate of a retort having fallen on his foot. The whole foot was red and swollen; not much pain, and no con-

stitutional disturbance. On January 24th the dead toe was nipped off with scissors, no blood being lost; the tendons alone required division. The bones were noticed to be curiously macerated, as if they had lain long in water. In another fortnight the third toe, which on admission had been alive and healthy, except for a slight redness, also died and was lifted off, the bones being macerated, and this time the tendons also destroyed. The resulting gap left by the removal of these two toes was large but painless, and suppurated freely, with little odor. Up to March 10th all went well, and the wound was nearly healed. The extremities of the second and third metatarsals had separated from their shafts at the epiphyseal junction, and were lifted out with ease.

On March 10th, however, without either pain or elevation of temperature, a dark blush was noticed all over the great toe, which had hitherto looked healthy, and half way up its metatarsal bone. The circulation in this area was exceedingly sluggish, the finger leaving a white dimple on pressure, which took several seconds to refill with blood. After two or three days of doubt a bulla was noticed to form just on the dorsum of the metatarso-phalangeal joint. This bulla rapidly raised the cuticle to the size of a florin, and, being cautiously cut into, showed the true skin, not, as is usual in such cases, either shriveled up or sloughing, but as if it had melted into a shreddy, pultaceous mass, and this involved not only skin, but cellular tissue, ligaments and periosteum, for by March 20th, without any displacement of parts, suppuration, or odor, the proximal phalanx and metatarsal head were both exposed, as if thoroughly macerated, and lay loose in this pultaceous mass. The edges of the ulcer or cavity were everted and undermined, as if by a gumma, were of a pinky redness, but exhibited no granulations or any attempt at repair. Having watched many cases of senile gangrene to death or recovery, and having had two or three cases of gangrene from embolism also, for months, under careful observation, I am quite familiar with the usual processes of separation, whether moist or dry; but I have never seen or read of any case in the least resembling this one, whether in its rapidity of maceration of tissue, its curious cessations or intermissions, its freedom from pain, and apparently trifling effect on the constitution.

The treatment was purely expectant, no interference that could be avoided, absolute rest in bed, milk diet, which was well borne, and locally keeping the limb at an equable temperature by cotton wadding (carbolized) and marine lint, to sop up discharges.

The result has been remarkable. To-day, June 30th, the apparently dead and macerating heads of the metatarsal and first phalanx have recovered themselves, granulations have formed, and now the wound has closed, with the exception of a line of granulations about a quarter of an inch long and one sixth of an inch broad, under which can be felt a thin scale of carious bone. The old man is quite well and goes home in a few days.

THE EMPLOYMENT OF TOBACCO.—It is probable that no physiologist would contend that tobacco in any form is essential to the well-being of the body. Thousands of healthy men and the vast majority of women never touch it; yet it is certain that its use is becoming daily more frequent, and that when once introduced into a country it is almost hopeless to eradicate the taste for it. It is clearly not necessary for the exercise of the highest intellectual powers. Dante and Chaucer, Michael Angelo and Raphael achieved their triumphs without its aid, and no encomium of its virtues will be found in the wise sayings of Sancho Panza or in the pages of Shakespeare; nor have we any record that Milton composed under its influence, unless, indeed, a habit of smoking in bed led to his not very clearly explained connubial disturbances, and to his tart treatise on divorce. Be this as it may, the eagerness with which it is sought after by its devotees, who allow neither manners, nor the presence of ladies, nor the comfort of others to interfere with their enjoyment, the distress that is occasioned by a temporary failure of the pernicious weed; the difficulty with which the habit of smoking once acquired is broken—indicate clearly enough that it supplies some want in the economy or exercises some influence on the system which cannot be replaced by other means. To many men a poison, to others tobacco is the very staff of life, and to be without it is the extremity of misery. Enforced abstinence from it is to many a convict the severest part of his sentence, and the cunning and deception, as well as bribery, employed to effect its introduction into prisons are well known. An amusing address has lately been delivered by M. Bouley to the Société contre l'Arbus de Tabac, on the economical and hygienic aspects of the use of this narcotic. The total value of the tobacco smoked in France amounts, he tells us, to no less than 352,538,000 francs, nearly eight million sterling, which immense sum represents the increase in the taste for tobacco since the year 1830, when this singular habit took its origin from the leisure of the Corps de Garde after the restoration of the National Guard suppressed by Charles X.

M. Bouley points out how smoking has effected an intellectual separation between men and women, conversation being no longer maintained after dinner as in his earlier years. The men are anxious to smoke, and the ladies retire early, to the great detriment, in his opinion, of the mental faculties of both sexes. He is reminded by the present condition of things of Voltaire, who, when consoled with by Piron on the ill-success of one of his comedies, ventured to say, "Well, at any rate, they didn't hiss it." "No," replied Piron, "How could they, when they were yawning all the time?" In France the State promotes smoking, since each soldier receives, every ten days, 100 grammes of tabac de cantine, on payment of the extremely moderate sum of fifteen centimes. It is given in the belief that it constitutes to some extent a substitute for food and affords relief to, or at least prevents grumbling at, the monotonous character of the diet. As long ago as 1854, Marshal St. Arnaud, when at Varna, wrote to the Intendant of the War Department: "Have you sent tobacco for the troops? It is very important, for tobacco is undoubtedly the best means we possess to prevent attacks of nostalgia and to alleviate the miseries of the bivouac." General Brack, again, in his "Traité des avant Postes," strongly insists that a taste for smoking should be cultivated in the light cavalry, on the ground that it keeps him awake, employs spare moments that would otherwise be employed in thinking, and keeps him near his horse, which he sees has its forage and is not abused. "How comforting it is," he adds, "in the early morning; it drives away sleep and renders the rain less cold, thirst less severe." The pipe, again, demands a steel and some tinder, and the implements for the production of the bivouac fire are therefore always at hand. But there is another side to all this.

Dr. Blanchet, an army surgeon, writes that "constant association with the soldier, and inquiring into the effects of smoking, has taught him that the illness of many men is to be traced to the abuse of tobacco alone. Ulcers on the lips, in the mouth, on the tongue, in the nose, necrosis of the maxillary bones, are not uncommon results of its use. Others suffer frightfully from gastralgia, gastritis, and enteritis; others from vertigo, mental debility, and even transient attacks of mania." Who is in error here, the general or the surgeon? What have our English surgeons to say to it? In moderation, as Sir B. Brodie said long ago, it probably acts as a calmate to the nervous system, especially when in a condition of excitement and worry, and its abuse only should be deprecated.—*Lancet*.

ANTISEPTIC INHALATIONS IN THE TREATMENT OF LUNG CAVITIES. — In the *Lancet*, Dr. Lawrence Humphrey reports two cases in which cavities in the lungs were treated by antiseptic inhalations, with marked benefit. Dr. Sinclair Coghill's respirator inhaler was used. The following solution was inhaled: two drachms each of the ethereal tincture of iodine and carbolic acid, one drachm of creosote and one ounce of rectified spirits. Ten drops of this solution was used in the respiratory, morning and evening. The patient soon learned to inhale by the mouth and exhale by the nose, and was able thus to employ the respirator for one hour, in the morning and evening. In these cases the tuberculizing process had not commenced, the cavities being considered due to the breaking down of pneumonic deposits.

Dr. Thorowgood, under whose care these cases occurred, says:

"My experience of all kinds of warm steaming inhalations in chronic phthisis has been most unsatisfactory; but in the introduction of this respirator inhaler we seem to have gained some real advance toward a means of checking purulent formation in lung cavities. The creosote, I expect, is the most valuable agent as an inhalant, and it is always necessary to train the patient in the use of the respirator, by teaching him to inspire through the mouth and expire through the nostrils."

THERE is a practice, says the London *Lancet*, against which many persons need to be put on their guard—namely, drinking cold watery beverages in cold weather. Cold drinks are depressing in their influence, and the result of taking such draughts when performing more than common feats of strength and endurance, particularly in middle age and advanced life, is to lower the tone of the nerve centres at a time when it is most desirable that they should be in exceptionally good working order, so that they may retain the vitality necessary to meet unusual need. So far as we are aware, the physiological effect of iced potations taken hastily when putting forth special strength and making a peculiarly large demand on the vital force of the nervous system, is either not understood or is forgotten.

For the sake of the many zealous statesmen and politicians who do not seem to have given the need of special precautions in this particular a single thought, it is desirable to point out that the worst illnesses may, and do, proceed apparently from insignificant causes. This is one of the petty causes which may lead to sad results.

PELLETURINUM TANNICUM.—The alkaloid pelleturinum, lately extracted from the *cortex radices granate*, is, according to Dr. H. Witt (St. Petersburg *Medical Weekly Journal*, 1882), the most certain of all our remedies for tapeworm. In five cases in which, for a number of years, all the usual remedies had proved themselves to be unsuccessful, about twenty-two grains of pelleturinum tannicum, followed by a tablespoonful of castor-oil, had the effect that the dead tapeworm appeared unbroken in the stool. The remedy is easily administered, as it is perfectly tasteless.—*Med. and Surg. Reporter, Phila.*

A CASE OF FISTULA OF THE PANCREAS.—The following rare and exceedingly interesting case is reported by Dr. D. Kulenkampff, in the *Berlin Klin. Wochenschrift*, 1882, No. 7, and referred to by Professor L. Rosenthal, in his *Centralbl. f. d. Med. Wissensch.*, 28, 1882, p. 511.

A laborer, æt. 39, received a severe injury, being hit on the abdomen. After the grave inflammatory symptoms had apparently all subsided, the patient felt comparatively well, but complained of gastric disturbances. Gradually a tumor developed itself in the epigastric region, and growing to the size of about a child's head. As he was uncertain in regard to the diagnosis, Dr. K. cut carefully, first through the abdominal wall, in the linea alba; then he punctured the swelling with Potain's apparatus, and about a wine-bottleful of a clear fluid was discharged, containing a large quantity of albumen, but no "Bernstein acid." Later the peritoneum was attached to the abdominal walls, the tumor opened, and a litre of the same fluid taken out. He then established drainage, and daily one quarter to three quarters litre of this fluid was discharged. The wound closed, but a small fistula remained, and notwithstanding all endeavors, the skin surrounding it continued sore. This fact caused the suspicion that he had to do here with a pancreatic fistula, and the chemical analysis, which was made by the chemist, Dr. Hausmann, confirmed this. The fistula soon afterward closed forever. We may gain from this case some approximate idea of the amount of pancreatic juice secreted within twenty-four hours in the human being.

MEDICAL NEWS.

THE CANADIAN JOURNAL OF MEDICAL SCIENCE will hereafter be known as *The Canadian Practitioner*. May it have an abundant success.

THE DETROIT LANCET and *The Michigan Medical Clinic* will no longer be published. In place of them the *Medical Age* will appear. Mr. George S. Davis is the publisher, and Dr. John J. Mulheron the editor. Under such auspices it must succeed.

THE LATE SIR THOMAS WATSON.—On Friday the 15th instant, the remains of Sir Thomas Watson were conveyed in a plain coffin of polished oak without other covering than a large floral cross, from the residence of his son to the burial-ground attached to the Reigate parish church. At the entrance of the churchyard the procession was met by the clergy and a surpliced choir, who chanted the opening sentences of the service. The greater part of the service, including the singing of the two well-known hymns, "Lead Kindly Light" and "Ten Thousand Times Ten Thousand," was performed within the church. There was afterward a procession to the grave, the bare earth of which had been concealed from view by a lining of evergreens and flowers. Among those forming the procession were the son and heir of the deceased, Sir Arthur Watson, Lady Watson, Miss Watson, the two sons and two daughters of Sir Arthur, and Lady Watson, and Captain Watson, a nephew of Sir Thomas. The medical attendants of the deceased were all present—namely, Dr. Walters, Dr. George Johnson, Mr. Lister, Dr. Greenhow, and Dr. Holman. The College of Surgeons was represented by the President, Mr. Spencer Wells, and the College of Physicians by the Registrar, Dr. Pitman. Sir William Jenner wrote to express his regret that he was unavoidably prevented from attending.

THE PHILADELPHIA POLYCLINIC AND COLLEGE FOR GRADUATES IN MEDICINE.—It is proposed to establish in Philadelphia a Polyclinic, and the faculty, so far as arranged, is constituted as follows: Dr. Chas. H. Burnett, Diseases of the Ear; Dr. J. Solis Cohen, Diseases of the Throat and Nose; Dr. Henry Leffman, Clinical Chemistry and Toxicology; Dr. Richard H. Levis, Operative and Clinical Surgery; Dr. Morris Longstreth, Pathology and Post-mortem Examinations; Dr. Chas. K. Mills, Diseases of the Mind and Nervous System; Dr. Thos. G. Morton, Orthopædic and General Surgery; Dr. John B. Roberts, Applied Anatomy and Practical Surgery; Dr. William Thomson, Diseases of the Eye; Dr. Jas. C. Wilson, Diseases of the Chest and General Medicine; Dr. John B. Roberts, Secretary.

BEAUTIFUL.—The Queen and Her Soldiers.—Her Majesty the Queen has graciously forwarded to the Superintendent of Nurses at the Royal Victoria Hospital, Netley, five large Berlin-wool quilts for the use of

the military invalids at the hospital. One of the quilts has been entirely worked by the Queen herself, and a second one by the Princess Beatrice. The former bears in one corner Her Majesty's cipher of a Crown, V. R. I., and the date 1882. The latter bears the initial letter of Beatrice. These were ordered to be appropriated to the use of any of the soldiers under treatment for wounds inflicted during the late war. The other quilts have been worked by ladies of the Court, but the Queen has added a border to each. The quilts are made of the softest wool, are of rich though plain patterns and colors, and are perfect in all respects as warm bed-coverings. They are remarkably evenly and skilfully knitted. This personal gift forms a touching instance of the Queen's kind-hearted solicitude for the welfare and comfort of the sick and wounded soldiers who have recently returned from Egypt. The remark attributed to Her Majesty is — "They have done much for me, and I must do something for them." —*British Medical Journal*.

WE learn from the *Arkansas Daily Sentinel* that Dr. J. T. Jelks, of Hot Springs, formerly of Marietta, Ga., has accepted the chair of Surgical Diseases of the Genito-Urinary Organs, in the College of Physicians and Surgeons, Chicago, and will soon leave Hot Springs and take up his residence in Chicago for the purpose of entering actively upon the discharge of his new duties there.

A DINNER to Prof. Austin Flint, of New York, will be given on the completion of his course of lectures before the County Medical Society. The date has not been determined on. The names of the committee having the affair in charge, are Drs. Alfred Stillé, Chairman; J. M. DaCosta, William Pepper, S. W. Gross, James Tyson, Horace Y. Evans, and J. Ewing Mears, Secretary.

DR. HENRY I. BOWDITCH, in a communication to *The Sanitarian*, recommends that the Surgeon-General of the United States Army be *ex officio* a member of the National Board of Health, and have a seat in the Cabinet. He also suggests that a Department of Public Health is as important, and will soon be so recognized, as any other Department of the National Administration, and that when the time comes for its establishment, the Surgeon-General should act as Secretary of it.

THE CO-EDUCATION OF THE SEXES.—The vexations and tribulations of the Faculty of the Kingston, Canada, Medical School have shown that the trial of such a system in that Institution has proved a disastrous failure. Some friends of the system

consider that it has not had a fair trial; but, be that as it may, it is extremely unlikely that it will get any further trials in Kingston for some time to come. It has been tried, on a small scale, in one of the Toronto Schools, and has proved so unsatisfactory, that it has been decided not to admit any female students in the future.

THE Board of Health of St. Louis has just finished an examination of the St. Louis Eclectic Medical College, of which Dr. George H. Field is Dean. The investigation arose out of the refusal of the Board of Health to register its graduates and to grant the college the privileges of the city hospitals. It is claimed by the Health Officers that the college is not in good standing with the profession, having been expelled from the National Eclectic Medical Association and the State Association; that its graduates are not recognized by any board of health in the country; that the standing of its faculty, one of whom had been charged in the courts with abortion, is bad, and that the college sold diplomas without requiring attendance on lectures. These charges were not refuted, and the Board unanimously voted to sustain Health Commissioner Francis in his non-recognition of the school.

THE practice of tobacco smoking appears to be largely on the increase in the United States. Among youths especially it is rapidly extending. The head master of the Latin School at Boston, Mass., states that tobacco is used by half the boys in the upper classes in his establishment, while the principal of Harvard Grammar School in Charlestown avers that out of 300 boys about 40 per cent use tobacco habitually.

A GOAT FARM has recently been established in England for the purpose of supplying goat's milk to London infants and invalids.

ONE hundred thousand dollars have been appropriated by Congress for the erection of an army and navy hospital at Hot Springs, Arkansas.

LISTERISM grows in favor in Italy, if we are to judge from an article "On the Foundations of Modern Surgery," just published by Professor Andrea Ceccherelli in the *Gazzetta degli Ospitali* (Milan, December 13th). The author is a firm believer in the clinical potency of micro-organisms, and extols antiseptic dressings as among the greatest of modern surgical conquests.

DR. MURRELL, an English physician, confesses that he once nearly lost a patient by giving him one-fiftieth of a grain of nitro-glycerine. It has been

used in much larger doses in angina, neuralgia, etc.

OIL OF WINTERGREEN.—As this is the best source of salicylic acid, and as it *per se* has been proposed by Dr. Kinnicutt as an agent in the treatment of rheumatism, certain facts concerning its source become of present interest. According to the *Providence Journal*, the oil of wintergreen comes chiefly from New York State and from Pennsylvania, where the wintergreen vine and birch trees grow in abundance. The makers of wintergreen essence are under the surveillance of the government. The oil is made from wintergreen when wintergreen is abundant. If it is not plenty, birch is used. The plant of an oil-maker consists of a furnace made of rough stones, a boiler, a tin pipe, a trough, a barrel, and a running brook. The tin pipe leads from the top of the boiler through the water in the trough to a barrel. Under the end of the pipe is placed a barrel, and on the end of the pipe in the barrel is hung a glass jar. The boiler is filled with water and birch bark and wintergreen twigs. A fire is built, the steam is forced through the tin pipe, and is condensed by the pipes passing through the water in the trough. The oil of wintergreen and the water fall into the glass jar, but the oil being heavier than the water, goes to the bottom of the jar, while the water runs over into the barrel and is used again. The business is carried on in certain seasons, both day and night, as the pot must be kept boiling. The men who work at this business make their homes during the season in the forest or field wherever the birch or wintergreen is to be found.

INCOME OF A FAMOUS AMERICAN DENTIST.—A lawsuit developed the fact that Dr. Evans, the American dentist in Paris, who made himself famous the world over by rescuing the Empress Eugenie from the Tuileries during the siege of Paris, has been making money. The case was the prosecution of Dr. Evans's clerk and cashier, who has, according to his own admission, appropriated 300,000 francs, and according to his employer no less than 1,000,000 francs, from fees paid by Dr. Evans's patients. "How much, sir, do you earn per annum, if you have been robbed at such a rate without discovering it for ten years?" the prisoner's counsel asked. "Your question," Dr. Evans replied, "is hardly fair; but I have no objection to say that my income is large enough to prevent my missing the loss of 100,000 francs a year."

VACCINATION.—Recent cases reported from Germany have given a severe blow to popular belief in

vaccination. According to a local paper a large number of children, both those vaccinated for the first time and others revaccinated after an interval of twelve years, have fallen dangerously ill, the flesh about the punctured part decaying and sloughing off, and the bodies being covered with sores and boils. It is thought unlikely that a single one of the affected children will recover. Impure virus is said to have been the cause. In contrast with these are results of the emigration vaccination on shipboard. Of the thousands so vaccinated, none have had any bad result of the nature mentioned, and there have been only a very few cases of erysipelas due to personal carelessness.

CHICAGO PHYSICIANS.—"I hope you will excuse my stupidity, doctor," said a woman to a Chicago physician whose professional skill had been visited on her husband, and who had called again to investigate the condition of the patient, "but I really didn't think—" "Your husband is much better this morning, madam." "I say, doctor," continued the confused woman, "that I don't know how to excuse my stupidity. I gave him the wrong medicine."

NEW PLACE FOR A PARASITE.—The *Boston Herald* vouches for the truth of the following story: A young lady of Chelsea, who had been shopping in Boston, visited the office of a prominent physician on Saturday. She was flushed and excited, and said she had a very strange sensation which led her to apprehend some serious brain trouble, in short, insanity. The peculiar sensation she described was a feeling running round in a circle on the top of her head. The doctor took off her hat and examined her head, but found nothing, and she remarked that the sensation had left her. She put on her hat, and, after sitting a few moments, jumped up with a scream, saying that it had come again. Another examination followed—first of the head, then of the hat, and in the hat a small but active mouse was discovered.

A CRUCIAL TEST.—Old Lady (to druggist)—"Are you quite sure this is carbonate of soda—not arsenic?" Druggist—"Quite, ma'am; try it and judge for yourself."—*The Judge*.

STATISTICS OF ONE-EYED MEN.—Paterson, N. J., in proportion to its size, has more one-eyed men than any other city in the United States, except Pittsburg. Nine tenths of those thus afflicted are workers in iron and steel, and have been struck in the eye with the metal chippings. The glass eye manufacturers have such a thorough system of in-

formation that before the bandage is off an injured eye the owner is the recipient of many circulars.

HYPNOTIC ANÆSTHESIA.—There was, it is claimed, performed at the Homœopathic Dispensary, Louisville, Kentucky, an operation, the patient a negro under the influence of hypnotism. The case is by no means exceptional, and scarcely merits the extended notice it has received.

EDITORIAL.

TYPHOID AND MALARIA IN NEW ENGLAND.—The Secretary of the Connecticut Board of Health says, in a recent report, that “the return of typhoid fever to prominence, and its steady increase in frequency for the last three years, is apparently a part of an extensive and comprehensive movement. As the epidemic of malaria was ushered in by a decrease, and in places almost, if not quite, a total disappearance of typhoid, this return of typhoid fever to its former importance and relative frequency is an intimation of the decrease and disappearance of malaria. The tendency toward typhoid fever commenced several years ago, and has steadily grown stronger each year, as shown by the increased prevalence, tendency to unusual frequency and severity, and the increase each year of deaths from this cause. As the decrease in the frequency of typhoid preceded the malarial wave, so its increase precedes the entire disappearance of malaria, but gives us some ground for hope that such a disappearance will take place. This disappearance of epidemics of malarial fever on a large scale has often been followed by an unusual prevalence of typhoid fever or an extensive epidemic. The epidemics of malarial fever of 1807 and 1824, which we are stated to have extended over all Europe, were followed by typhoid fever. Of course it is as yet but an inference that the present malarial influence, which has extended continuously over the greater part of this state into Massachusetts and Rhode Island, is subsiding and leaving its first points of invasion. But there is much to encourage such an idea.”

THE INFLUENCE OF LIGHT ON ALCOHOL.—The researches of a German writer cited in *Nature* contain some facts of interest with reference to the influence of light on alcoholic preparations. He appears to have ascertained that liquors contained in colorless bottles acquire a disagreeable taste when exposed to the light for some time, and that liquors contained in brown or green bottles remain unchanged, even if exposed to direct sunlight. He calculates, then, that since the results are due to the

chemical action of light, red, orange, yellow, green, or opaque bottles are essential to the preservation of liquors, while colorless or violet ones are to be discarded. The question is of interest with regard to the influence of light on tinctures kept long in the pharmacies.

NIGHT SHADE OF BISMARCK.—The following from the *Cornhill Magazine* illustrates how easily, even by educated people, medical terms become corrupted. “A gentleman in a regiment to which I once belonged was gifted with the propensity for making the most ridiculous metamorphoses of names. He got sick, and was invalided from the tropical country in which we were serving to England. On his return I interviewed him. “Well,” said I, “Rajah,” (his sobriquet) “all right now, I suppose?” “Yes,” he replied; “but I had to get a lot of doctors, and not one of them did me the least good except Sir Joshua Reynolds.” “Who?” “Sir Joshua Reynolds; and he gave me Bismarck.” “What?” “Some preparation of Bismarck. I think he called it night shade of Bismarck.” “All serene,” said I, smiling, and went my way. But an hour or two afterward my brother officer came to me. “For goodness sake,” he said, “don’t tell the fellows, or my life will be chaffed out of me. Sir William Jenner is the medico I mean, and nitrate of bismuth was what he ordered.”

POPULAR MEDICAL VOUCHERS.—The following citation from a daily paper is an apt illustration of the origin of the medical marvels so often found in the daily journals. A resident of Jericho, N. Y., was asked recently if it was true that he had not slept a wink for six months. “I saw an item to that effect,” he replied, “a good many times last week and the week before. My father is the postmaster at Jericho, and one of the county papers printed an item some weeks ago saying that he had been in poor health for six months, and that he was not able to sleep much. The next we knew some one sent us a lot of papers containing the news that he hadn’t slept any for six months, and that the case was attracting the attention of physicians. Then the papers got it that I was the man. It wasn’t long after we got the first papers until some one wrote us that the way to go to sleep was to eat plenty of turnips for breakfast and supper three or four days in succession. Another man wrote that cloves were good to make a man sleep if eaten in quantities at intervals of an hour or two, while another wrote that if I would lie on my back and roll my eyes from one side to the other long enough I’d go to sleep without fail. They were all good remedies, I have

no doubt, but neither my father nor I have tried them."

CURIOUS ELECTRICAL PHENOMENA.—Dr. L. C. Woodman, of Paw Paw, Michigan (*Michigan Medical News*), reports the following curious case: A patient, aged 27 years, can generate light through the medium of his breath, assisted by manipulations with his hands. He will take anybody's handkerchief and hold it to his mouth, rub it vigorously with his hands while breathing on it, and immediately it bursts into flames and burns until consumed. He will strip, and rinse out his mouth thoroughly, wash his hands, and submit to the most rigid examination to preclude the possibility of any humbug, and then by his breath blown upon any paper or cloth envelop it in flame. He will, when out gunning and without matches, desirous of a fire, lie down after collecting dry leaves, and by breathing on them, start the fire, and then coolly take off his wet stockings and dry them. It is impossible to persuade him to do it more than twice a day, and the effort is attendant with the most extreme exhaustion. He will sink into a chair after doing it, and on one occasion, after he had a newspaper on fire as narrated, I placed my hand on his head, and discovered his scalp to be violently twitching, as if under intense excitement. He will do it any time, no matter where he is, under any circumstances, and Dr. Woodman has repeatedly known of his sitting back from the dinner table, taking a swallow of water, and by blowing on his napkin at once set it on fire. He says that he first discovered his strange power by inhaling and exhaling on a perfumed handkerchief, that suddenly burned while in his hands. A similar case has been reported by Dr. C. A. Leale (*Journal of Nervous and Mental Diseases*, October 1876). A strong man was able to light the gas with ease after a few frictions with his finger. He was recommended to rub his wife who was suffering from neurasthenia. She recovered, but he became morose, restless, and complained of a disagreeable feeling when his wife touched him. He finally recovered, but was not able to engage in his former business.

GENERAL B. F. BUTLER'S VIEWS ON SOME PROFESSIONAL TOPICS.—In his excellent and remarkably strong inaugural, as Governor of Massachusetts, General Butler has just given some information of much interest to physicians in their relations to the profession and the people.

His message could not have created a greater sensation in certain quarters if he had proposed to paint Bunker Hill Monument green or to hang Hoar for piracy. He turns the whole system of State admin-

istration topsy-turvy with his unpleasant facts and unwelcome advice. He says:

That of the money spent by Massachusetts on her reformatory, correctional, and pauper institutions eighty-seven per cent goes in salaries and perquisites;

That the cost of supporting every sane and insane pauper of Massachusetts is double what it used to be and what it ought to be;

That the so-called charitable and reformatory institutions of Massachusetts are nests of extravagance and scandalous abuses;

That the School for Idiotic and Feeble-Minded Youth ought to be wiped out of existence, since a well-fed, well-cared-for idiot is a happy creature, while an idiot awakened to his condition is a miserable one;

That railroad accidents caused by overworked employes should be prevented by a law against working railroad employes more than ten hours a day;

That the boasted educational system of Massachusetts is far behind that of many other states—in fact, that she is the nineteenth State of the thirty-eight in respect of illiteracy, while there are only two States which expend more money per capita for education. General Butler finds that of \$5,156,000 which the State expends for education, \$4,494,225 goes for salaries of teachers. He finds that the pay of the male teachers of the higher grades and of the fancy branches is disproportionately large. A special class of pupils is taught music, drawing, physiology, physics, botany, zoölogy, geology, astronomy, chemistry, psychology, Greek, Latin, French, and German, while the spelling book is banished. "Our school money," he says, "is diverted extravagantly from the many to whom it does belong to the few to whom it does not belong."

That the insane who have a chance of recovery should be kept in other institutions than those which contain the violent or the hopelessly mad;

That the institutions now governed by Boards should be put under the control of some one competent man, directly responsible to the governor;

That in place of the present system of executive government by irresponsible commissions, the Governor and Council should have power to summon witnesses and take testimony in regard to abuses in administration, as well as power to apply the remedy;

That the desire of Massachusetts women to vote should be practically tested by a law allowing them to vote like men at municipal elections, the law to take effect when it shall be accepted by a majority

of the women voting at some general election directly upon this question.

It is the best State paper of the past year and one interesting in many respects to physicians.

VULGAR FRACTIONS.—A man desired to bury his amputated leg in a Dubuque cemetery, but the superintendent refused to allow it on the ground that a burial permit was necessary for every interment, and such a document could only be procured for an entire body; that they did not deal in vulgar fractions there, and if any one wished anything in that line, he must go to the schoolmaster.

STUPENDOUS FOLLY.—The Chicago School Board contemplates the abolition of the study of grammar for the younger pupils, and the substitution of oral language lessons. The teachers believe that rules of grammar are soon forgotten, and that in reading and writing correctly one seldom stops to think of technicalities. Their idea is that children should first be led to speak good English intuitively, leaving the rules for later years.

This is all stupendous folly. Rules are arbitrary, and can best be memorized in childhood. If in the public school system of this country, at present, more attention were given to grammar, daily composition, reading aloud, arithmetic and geography, and less time spent upon wax-work, geology, zoölogy, physiology, drawing and painting, botany, chemistry, psychology and allied nonsense (*as taught in schools*), American boys and girls could once more speak and write correctly, and be useful members of society; instead of being nominally instructed in a vast deal, and not thoroughly instructed in anything, not even in the elementary branches of an English education.

FUNNY.—"Assuredly some old Berserker swooping from his Northern eyrie left his permanent impression in some fair Saxon maid, or perhaps settled for life upon shores hospitable because he made them so. The robber nation of the modern world is undoubtedly the English. As they smote the French at Crecy and Agincourt, so ever since, by fair means or foul, have they been smashing, crushing, appropriating, drinking, and breeding, until the world belongs to them and their offspring.

"The oil of mirbane smells so exactly like prussic acid that Dr. M— cannot distinguish between them, but he is not made ill by the oil of mirbane, 'proof,' says Dr. Harley, 'that the toxic property of prussic acid does not exist in its odoriferous principle'! Proof of no such thing; proof only that two things which the nose cannot distinguish between may be essentially different. The nose cannot distinguish between a brick and a diamond, therefore the dia-

mond is a brick. Nevertheless, we doubt whether the loyalty of Mrs. Dr. H. to her spouse would lead her to wear a brick in her brooch at the queen's reception."—*Review of Harley on Diseases of the Liver, in the last Philadelphia Med. Times.*

GOOD ADVICE.—Mr. Clark Bell, re-elected President of the Medico-Legal Society, read before that body a report in which he recommends reform in the law of coroners by creating the office of medical examiner, and making the coroner's court a court with original jurisdiction in criminal cases, having charge of the legal questions, and a competent medical man the charge of the medical questions involved; reforms in the lunacy laws; a judicial body to be created to examine cases of alleged insanity; inmates of asylums to be allowed to write to friends and relatives, and examinations in asylums to be had every six months. He also recommended the passage of a law creating a State Chemist with a complete laboratory to make analyses in all criminal cases for use in trials, and the selection of a chemist of the first class with competent assistants to meet this important branch of medical jurisprudence in trials.

VOICE WAVES.—It is asserted that wave lengths of the sounds emitted by a man's voice in ordinary conversation are from 8 ft., to 12 ft., and of women's 2 ft. to 4 ft., per second.

Is not this an error, and has not the Commission reversed the facts?

GOVERNOR BEGOLE, OF MICHIGAN, ON MEDICAL EXPERTS.—In his recent message the Governor says "that an asylum for insane criminals is necessary for various reasons, but chiefly because too many evil-doers are adjudged insane on the testimony of 'experts,' apparently so called from their possessing less knowledge than the average citizen."

This arrant demagogue then directs the attention of the legislators to that law of Michigan which requires superintendents of the poor to deliver the bodies of dead paupers to the medical school at Ann Arbor, and under this head he says:

"In the hour of our bereavement, when human sympathy finds its truest expression in flowers, and loving hands bring their floral tributes to deck the dear remains, should a dray bearing a coffin-shaped box marked 'Ann Arbor' stop at our door, and an officer armed with the authority of the State claim that loved form, would we not resist even to death the enforcement of the cruel statute?"

The impression in regard to Governor Begole, obtained by reading his message, is that his heart, like Ham Peggotty's, is in the right place possibly, but that his brain is in the wrong place most assuredly.

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ORIGINAL ABSTRACTS.

WHOOPING COUGH.—In a paper read before the London Medical Society, Dr. Dolan (*Lancet*, October, 21st, 1882) dissented from the view of Guineau de Mussy that the affection was produced by swollen bronchial glands pressing on the vagus. This was disproved by two facts, first the glands could be swollen without causing whooping cough; second they were not always swollen in the disease, Dr. Dolan adopts the old view that pertussis is caused by a fungus; Poulet has found bacteria in the sputum of pertussis, and by inoculating rabbits with this sputum Letzerich has given them pertussis; Dolan has found that inoculations with the bacteria of pertussis has no effect on animals; inoculation with sputa causes death by pertussis. As might be expected, no pathognomonic pathological lesions were to be found in pertussis. Death usually resulted from complications. Glycosuria was present in fourteen out of fifty of Dolan's. Isolation was the first indication, treatment of complications the next. Antiseptic treatment of the disease itself was likely to have good results.

ACUTE CROUPOUS PNEUMONIA.—The attempt is being extensively made to prove this affection an infectious or rather an acute specific disease. Friedlander has attempted to show that its special bacterium exists. Sanders in a very generalizing article attempted to argue from facts already well known that such specifically exists. The recent résumé on this subject in the *Journal des Connaissances* while of interest, scarcely has the value which is claimed for it by the *Lancet*. While it may be admitted that the same meteorological cases do not produce the disease in different persons, still the same is the case with nervous diseases to which no one would think of ascribing a specific cause. Kuhn's results with sputum inoculation of animals can be easily explained on the ground of septicæmia.

Scarpari claims respecting the difference between the sporadic type and the asthenic epidemic form, the association of the latter with jaundice; its yellow fibrinous exudation and absence of resolution have been disputed and even if existent proves nothing. The alleged enlargement of the spleen has not been found by Loberg. The evidence therefore of the specific nature of croupous pneumonia is not as yet manifest.

NON-ALBUMINURIC NEPHRITIS.—Dr. Schuchardt (*Berliner Klinische Wochenschrift*, No. 41, 1882) has observed a case of chronic nephritis unaccompanied by albuminuria up to eight days before death. The patient died, and on autopsy there was found atrophy of the right kidney and interstitial and parenchymatous nephritis of the left. There was evidence of acute inflammation in part of the left kidney. In Dr. Schuchardt's opinion this case affords a strong support to Heidenhain's theory respecting the separating power of the various portions of the kidney. The water and salts are separated by the glomeruli; the urinary constituents secreted by the tubules. Albumen is not found in healthy urine (secreted from an albuminous fluid) because of the epithelium of the glomeruli. The fact that in this case a seventh part of kidney could act shows that in the kidney there is a possibility of compensatory action. That albumen appeared in the urine eight days before death was due to the acute inflammation of the relatively healthy part of the left kidney affecting the epithelium of the glomeruli.

SUTURE IN CARDIAC WOUNDS.—It is the general opinion that death from cardiac wounds is due to asphyxia produced by pericardial effusion, hæmorrhage, destruction of cardiac ganglia, or obliteration of the coronary arteries. Dr. Block (*Gazette Médicale de Strasbourg*, October 18th, 1882) is of opinion that owing to the general dread of entering the thoracic cavity many persons perish from an

asphyxia preventable by simple pericardial incision or hæmorrhage prevented by suture. He has undertaken to prove that cardiac suture is a simple operation accomplishable in a few minutes. His experiments on dogs show that both the thoracic and pericardial cavities can be opened for a short time with impunity. This fact has been demonstrated in the human subject in Dr. Kœnig's case of excision of the sternum (*Allgemeine Wiener Medizinische Zeitung*, September 25th, 1882), where both were accidentally opened without serious results, and by the cases of recovery from cardiac wounds cited by the *American Medical Weekly* from the *Lancet* of 1882. In order to prevent hæmorrhage on application of the suture the cardiac apex is seized and drawn forward till respiration and pulsation cease (this does not kill the animal), or the traction may be sufficient to arrest hæmorrhage. The wound can then be ligated or sutured.

DIABETES IN PREGNANCY.—As has been shown by Siny sugar may appear in the urine when milk is suppressed. Dr. Matthews Duncan (*Medical Times and Gazette*) has recently called attention to the fact that sugar may be present in the urine of pregnancy and also that true diabetes may occur which comes on only during pregnancy, and ceases on delivery or may come on after parturition. Four women out of fifteen, making twenty-two cases of diabetes, in pregnancy died. Nine out of nineteen diabetic pregnancies had unsuccessful issue.

RESORCIN IN DIPHTHERIA.—The usefulness of this drug according to Dr. J. Andreer (*Centralblatt für die Medicinischen Wissenschaften*) is rapidly increasing. He has used it in acute and chronic diseases and now recommends it in infectious diseases. During the last five years he has treated diphtheria of all varieties to the number of two hundred and twenty-two cases, and all of these recovered. In the mild forms, cauterization with resorcin crystals or with a concentrated resorcin vaseline ointment was sufficient. In the more severe cases resorcin has to be used internally and externally.

ALCOHOL AND DIGESTION.—Dr. Buchner (*Zeitschrift für Klinische Medizin*) has made a number of experiments by adding alcohol to artificial digestive fluids, and by washing the stomach out after a meal, and ascertaining what proportion of food remained when alcohol had, or not, been taken previous to the meal. Ten per cent of alcohol added to a digestive fluid has no effect. Twenty per cent slows digestion. Larger proportions arrest it. Beer stops artificial digestion. Red wine has a similar effect. White

wine only slows digestion. These researches contain many elements of error.

— EXCISION OF THE GALL BLADDER.—Dr. C. Langenbuch (*Berliner Klinische Wochenschrift*, November 27th, 1882) has successfully excised the gall bladder to prevent the formation of calculi. He makes an incision parallel to the lower border of the liver, joined by an incision parallel to the outer border of the rectus abdominis. The abdominal cavity thus opened, the transverse colon and small intestines are pushed down by large sponge and the liver elevated so as to bring prominently forward the hepatico-duodenal ligament. The gall bladder is then easily excised. The cystic duct is laid free and ligated with silk in two places, catgut should not be used. Care is taken to avoid wounding the liver, the abdominal wound is then closed and the operation duly finished.

SODIUM SULPHO-CARBOLATE IN VOMITING.—Dr. Philip McCall (*British Medical Journal*, December 16th, 1882) has found that sulpho-carbolate of sodium is of great benefit in the vomiting of pregnancy in seven-grain doses in a half ounce of water. In one case of sea-sickness it had a good effect.

NERVE TERMINATIONS IN THE SKIN.—Dr. G. Hoggan (*British Medical Journal*, December 16th, 1882) comes to the following conclusions respecting these: First, Meckel's terminal tactile cells, Bonnet's end buds, and Ranvier's terminal tactile discs are neither tactile nor terminal. Second, Meckel in claiming for his terminal cells the function of touch and for the free intra-epidermic fibrils the function of temperature, ignored that the two belonged to the same nerve system, and were often continuous with each other. Third, the tactile nerve terminations are best seen as forked endings on hair follicles. The back of these, from one to four prongs on each nerve, being applied to the epidermic lining of the follicles. Fourth, the so-called terminal cells forming ganglia beneath the epidermis and the like cells on the hair follicles seem to be the centres of temperature and pain. They are inter-connected by a sub-epidermic plexus of non-medullated nerve fibres, and through this plexus by medullated nerves with central nerve organs. Fifth, Beale's theory of physiological terminations of the temperature and pain nerves is incorrect, the epidermic free terminations being pathological breaks. The same is true of the peritoneum and other tissues. Sixth, Ranvier's opinion that the intra-epidermic nerve fibrils push their way through the epidermis is not sustainable. The fibres become entangled therein, and are after-

ward dragged through as loops which on breaking leave fibres as if passing perpendicularly through the epidermis. Seventh, these fibres grow laterally or parallel to the surface of the dermis. Eighth, Langerhaus' cells are only nerve cells belonging to Meckel's ganglia, or to the sub-epidermic plexus dragged into the epidermis and broken off there. Ninth, taking the hair apparatus as a standard its elements may hypertrophy as shown in the mole's organ of Eimer and the touch bodies and Pacinian corpuscles. Tenth, the organ of Eimer in the mole represents a hair follicle nerve apparatus from which the hair has been dragged out by the digging action of the mole. Eleventh, the aborted hair follicle forked tactile elements may be transformed into Pacinian bodies, their monologues, and are true tactile nerve-endings.

THE CEREBELLUM SPITZKA (*American Journal of Neurology and Psychiatry*, January, 1882) expresses the opinion founded upon morphological data, that the cerebellum is a field where the impressions of touch and position are associated with time and space. Its main object is the fusion of the sensations or their co-ordination in some way for the benefit of the cerebral hemispheres. It is the informing dépôt to the great head-centre, the cerebrum. The cerebellum is but a by-tract for impressions conveyed by other channels, and only the finest co-ordinations of movement with regard to space and time are on anatomical grounds to be connected with the cerebellum. He confidently asserts that with a fine musical ear and the sense of rhythm and time, the ability to perform any fine feats of equilibrium are not possible without an intact and well-developed cerebellum.

EPIDEMIC OF RINGWORM.—Dr. Alder Smith, Christ's Hospital, London (*British Medical Journal*, December 16th, 1882), reports a very extensive epidemic of ringworm in a school, eighty-five out of ninety-two children being affected. The epidemic originated from some cases of chronic ringworm. Oleate of mercury and a compound of carbolic acid, citrine, and sulphur ointment yielded good results.

WARM WATER IN JAUNDICE.—Mösler (*Lancet*, November 25th, 1882) has had good results from the injection of warm water into the large intestine in catarrhal jaundice. Röhrig's experiments and those of Peiper confirm the results of Mösler.

TYPHOID FEVER AND MENSTRUATION.—Dr. Barret, St. Petersburg (*Detasches Archiv fur Klinische Medicin*, November 8th, 1882), finds that the influence of typhoid fever on menstruation depends on the time between the onset of the disease and the

menstrual period. When menstruation is to occur within five days of the disease it appeared in all his cases; between the sixth and the fourteenth day in sixty-five per cent; after the fourteenth day not at all. The character of the discharge is seldom altered. Pseudo-menstruation is uncommon.

HEREDITARY RHEUMATISM.—The statement was made by the "alienists" during the Guiteau trial that insanity being a disease could not be inherited. This was something new to physicians who had seen even small-pox inherited, still cases of the kind reported by Dr. Pollok (*Lancet*, November 25th, 1882) are somewhat exceptional. A child who was born from a rheumatic mother, had at birth true articular rheumatism.

HYOSCYAMIA POISONING.—Dr. H. Gibbons, St. Louis (*Pacific Medical and Surgical Journal*, December 1882), reports a case of poisoning in a seventy-five year old woman suffering from paralysis agitans by a one eighth grain dose of the drug. The symptoms presented were extreme coldness, loss of muscular power, and loss of articulating power. Everything appeared red to her. Hughes (Alienist and Neurologist) had already suggested caution in the use of hyoscyamia in the aged.

GLYCOSURIA AND CORPUS CAVERNOSA.—Induration of the corpus cavernosa has been frequently noticed referable to gout and syphilis. Dr. Verneux (*Revue de Médecine*, December 10th, 1882) has called attention to a variety of this affection due to glycosuria, of which it at times may be the only obvious symptom.

JEQUIRITZ IN GRANULAR CONJUNCTIVITIS.—This drug so much vaunted of late in the treatment of granular conjunctivitis has not yielded very good results in the hands of Dr. Ferrier (*Revue Médicale*, December 10th, 1882). Cardoso, of Rio Janeiro, claimed to have secured excellent results by the use of a topical application of one part of the drug to one hundred of boiling water, to the granulations. Wecker has had the same experience as Ferrier.

PREGNANCY SIALORRHOEA.—Dr. Davezac (*Revue Médicale*, December 10th, 1882) has found nitrate of pilocarpine to yield good results in the treatment of the sialorrhœa of pregnancy.

HYDROPHOBIA.—Certain recent researches of Dr. Bouley are of interest. He finds (*Revue Médicale*, December 10th, 1882) that injection of the spinal cord or of its fluid of a rabietic animal into a healthy animal's spinal cord produces rabies. The same result is obtained by injection of the brain substance

and cephalo rachidian fluid beneath the skull of a healthy animal. Intra-venous injection has no effect. Spontaneous cures occur. It is very probable that these last are cases of other nervous diseases mimicking hydrophobia, for as has been shown by Hazard (*St. Louis Clinical Record*, 1881), acute alcoholism may simulate hydrophobia, while Kiernan (*Journal of Neurology and Psychiatry*) and Spitzka (*Medical Record*, December 31st, 1881) have reported cases of epilepsy simulating hydrophobia.

THYROIDECTOMY.—Dr. Tillaux (*Revue Médicale*) has recently successfully excised the thyroid gland for the second time.

NERVE STRETCHING IN OCULAR NEURALGIA.—Dr. Badal, Bordeaux, France (*Revue Médicale*), has had excellent results from stretching the facial nerve in three cases of periorbital and ocular neuralgia.

GELSEMINUM SEMPERVIRENS IN TETANUS.—Dr. J. B. Read, Tuscaloosa, Ala. (*British Medical Journal*, December 23d, 1882), has reported a case of tetanus cured by forty minum doses of the fluid extract of gelseminum sempervirens every two hours. Tetanus, it must be confessed, is a self-limited disease, and certain cases have recently been reported in which sustenance of the patient's strength answered every indication.

HYDROA FROM POTASSIUM BROMIDE.—Dr. J. L. Phillips has recently had under observation (*British Medical Journal*, December 23d, 1882) a case of hydroa produced in a non-syphilitic epileptic by bromide of potassium.

ORIGINAL ARTICLES.

BRAZIL IN ITS RELATIONS TO MEDICINE. By J. M. F. GASTON, M.D.

Under this heading there appeared in your number for October, 1881, a notice of physicians, and this paper will treat of their practice.

The history of medicine among a people at different periods illustrates to a great extent the progress of civilization in society, and we insensibly form an opinion of a country from a knowledge of the means of cure adopted by its population.

The first gleams of curative processes are found to accompany the early advancement in the arts among the Egyptians, while the medical school of Alexandria, founded by the Ptolemies 300 B.C., indicates their enlightened policy, and as we wade through the lapse of ages until the founding of the London College of

Physicians in the fifteenth century, the alternations of civilization may be noted as comparing largely with the rise and fall of medical science.

The different sects of Dogmatists, Empirics, and Methodists indicate eras of thought and mental development, while pneumatists and humoralists come into notice for a time succeeded by the vitalists and those holding the intro-mathematical and chemical doctrines.

It was only in the sixteenth century that anatomy became recognized as an essential for a proper comprehension of the ills to which flesh is heir, and it required a hundred years of observation to suggest any rational clue to the proper performance of the functions in the form of physiology, so that it is only within the last century that we note real advancement. The clinical aspect of medicine undergoes remodelling from the divinity of theoretic views from time to time, and though the appearance of Cullen upon the professional stage rid the world of sects, yet there are prevailing doctrines based for the most part upon the different physiological tenets of different investigators. It would seem that this age of independent thought should leave all classes free to form their opinions upon the facts as collected by the patient observation of our predecessors, corroborated by practical investigation of medical men themselves, but there is a great proneness on the part of many in the profession to pin their faith to the tail of somebody's garment that looks comely, and hence the prominence of some specialist influences, others to fall into his train without taking the trouble to exercise their own judgment.

It is not my intention to enter into the past history of medicine in Brazil, as it would be likely to reveal no more satisfactory results in furnishing guides for practice than is furnished by the records of China or Japan, but I wish to gather together the disjecta membra of the widely diversified applications of all classes of physicians at the present day.

The medical men being of various nationalities have impressed their respective views to some extent upon the means of cure that are resorted to in a regular form, while the extensive brood of native and foreign quacks have experimented with the action of medicines and the capacities of the physical organization of man, so as to satisfy the most exacting adherent of empirical treatment.

It would be strange if out of so much use and abuse of drugs by some understandingly and by others blindly, no benefit had occurred to the progress of medical science, we should profit by the blunders of the one while we avail ourselves of the successes of the other, and indeed it will be found that even

the worst is not all unmixed evil, so that some advantage must accrue from a hasty review of the medical status of this country.

The first thing to be noticed in the very extensive list of medical articles found in the drug-stores here, including not only those recognized in the pharmacopœia of other lands, but a special collection of plants experimented by individuals, privately or publicly, and a terrible array of foreign importations of fancy medicines.

And the next observation we are called upon to make is the large proportion of the drugs which are habitually prescribed for use at one and the same time by the same patient. A druggist to whose place a large portion of my prescriptions are sent by those for whom I practice, remarked to me some days ago that if I included so many different articles as a certain Brazilian colleague was accustomed to do, my business would be quite sufficient for him without the patronage of others, but my limitation to such a few elements in my combinations gave him but little labor, and hence small profit in the proportion of my prescriptions.

It may be an advantage occasionally to modify the effect of one medicinal agent by the influence of another, yet the motive, perhaps, mostly and frequently is to increase the probabilities of a good result by multiplying the number of the articles, upon the principle that if one fails another may succeed in the case. It will not be claimed that the sixteen articles which enter into the composition of elixir of vitriol give it so many chances over simple sulphuric acid, or that the latter may not be better suited to some cases of derangement of the stomach or intestinal canal than this time-honored combination. We should study to simplify the adaptation of remedies to the cure of diseases; and the proper diagnosis of the disorder with a correct appreciation of the properties of a medicine will enable the practitioner to select generally the individual of its class that is best suited to secure the desired effect. Reports are frequently made of the therapeutic effect of a certain article, and it is found associated in a formula with other active agents, so that it is impossible to decide what share of the influence belongs to this medicine. It is not only chemical reactions that interfere with the efficacy of our medicines, but the antagonisms in their operations upon the vital organism may and do often impair their salutary effect, and the judicious observer will not risk either one or the other by combining drugs whose reciprocal influences are not well known.

As the experience of medical men is increased they are more prone to confine themselves to a few well-

understood remedies in their simpler forms. reflection comes home to me in recalling the past and studying the present of medical practice, that curative agencies have not advanced in proportion to progress in medical science. The statistics of the results of treatment would indicate either that diseases have become more virulent and hence less tractable or that no improvement has taken place in the application of remedies during the last quarter of the century. And yet we have means at our command in the discovery of many valuable medicines which were not available at a former period. It seems to me that surgery alone has reaped the benefits of the more recent physiological and pathological investigations as a legitimate and direct inference in practice from the enlightened theory involved in such labors. The better results are secured now in the medication of some diseases than formerly does not influence the sum total of mortality from all diseases. Actual statistics of insurance upon life risks seem to be generally of opinion "that the selection exercised by assurance societies does not really lower their rates of mortality below the general average." "The value of medical examination gradually disappears, and in two years at most it is quite lost." It has fallen within the sphere of observation to note that the number of deaths in a healthy season generally exceeded the deaths in a sickly season in proportion to the whole sick of these respective periods; and I have been disposed to attribute this fact to the circumstance that only the infirm or these predisposed to disease fall sick in the favorable season, whereas the strong became affected in like manner with the weak under the pestilential influence that prevailed generally. In confirmation of this view, attention is directed to the fact that the mortuary statistics of Great Britain show that the mean male mortality of three years including the cholera year of 1859, corresponds to that of the twenty-five years embracing this period. It is therefore held that the victims of the cholera must have been then of diseased or debilitated constitution, who would in the course of the next ten years have died from some other cause, and thus have filled up the proportion of deaths in the healthy period, so as to maintain the general average.

The annual sickness of mankind bears a direct proportion to his expenditure of physical force, and it is found that among the classes of mariners and painters, the rate of sickness is low while the rate of mortality is high. According to Ratcliffe's tables it appears that at the age of twenty the following trades, placed according to their expectations, show an infirm expectation in comparison with the general results of rural, town, and city districts combine

clerks, potters, letter-press printers, bricklayers, blacksmiths, mill-operatives, plumbers, stone-masons, miners, wool-combers, coopers, hatters, spinners, tailors, dyers, sawyers, millwrights, town and city laborers, and shoemakers. The following trades show a supreme expectation: wheelwrights, butchers, bakers, weavers, domestic servants, carpenters, and rural laborers. At the age of sixty, which is the last period given in the table, bricklayers, tailors, mill-operatives, printers, clerks, spinners, miners, plumbers, hatters, blacksmiths, shoemakers, wool-combers, coopers, and sawyers show an inferior expectation; and dyers, town laborers, millwrights, potters, wheelwrights, bakers, stone-masons, domestic servants, butchers, weavers, rural laborers, and carpenters show a superior expectation in comparison with the general results.

It is generally understood that mortality varies with density of population, place, and climate, and the conditions presented in Brazil apart from the seacoast, being favorable to health, should not afford a high rate of mortality based upon the ordinary calculations of life.

Yet this district of Campinas (city and country), with a population of less than forty thousand (40,000) inhabitants, has a death record of eleven hundred and sixty-two (1162) for the past year, nearly one half being under twelve years of age at the period of death.

This being at the rate of (35) thirty-five deaths to the thousand of population, and without any epidemic, justifies perhaps the discrimination being extended to this locality of an increase in the percentage on all life policies by the American and English companies for Brazil; and this with twenty doctors and as many quacks in the district. That the death-rate should not correspond to the sick rate in all classes and conditions of life, there must enter into the calculation many circumstances which it is impossible to generalize, yet while hygienic measures tend to lessen sickness, therapeutic agencies are requisite to diminish the number of fatal results. The great problem for the medical profession is to reduce the rate of mortality in any given community, and the application of remedies in the treatment of diseases so as to avert death is the great desideratum for the physician. When it is said that a patient was cured *secundem artem* and yet died, it is a reflection upon therapeutics, if not a censure upon him who directs the use of medicines in the case. That men and women as well as children must continue to die, notwithstanding the most judicious and skilful application of the means at the disposal of medical men, endowed with intelligence and having enlight-

ened experience, is but in accordance with the analogy of nature's works, in the gradual development and subsequent decay of all things having vitality. Yet it devolves upon the medical profession to discover so far as may be practicable, the sources of premature decay in the physical organization of man, from diseases which may be averted, or which being developed, may be checked in their destructive tendencies, and to eradicate by prophylactic processes the susceptibility and predisposition to sickness. The diseases prevailing in this southern tropical region differ widely from those of North America, and some are so intractable as to be considered opprobria medicorum. Among these may be put down morphœa and elephantiasis, which are distinct species of leprosy that occur in this country on a large scale.

There is a variety of syphilitic disease known as bombas, which was never seen in the United States, having a highly contagious quality, and when imperfectly cured propagating itself from husband to wife, and in the act of conception also to the offspring.

The energetic treatment adopted by the domestic practitioners has served as a lesson for me, and though I have not had courage to follow their lead in giving a drachm of red precipitate in the course of eight days, it has been given repeatedly in doses of two grains three times a day for a week or ten days and with salutary results. In like manner I have learned to apply the chloride of antimony in phagedenic ulcers with a free hand as also the acid nitrate of mercury, in regard to which my former experience had been limited to extreme cases.

As an offset to such energetic practice we find the people diverting their sick with teas of orange leaf, fennel seed, etc., when the gravity of the symptoms demand active measures of treatment. It is not unusual to dispense with the attendance of a regular physician and entrust the case to some old woman or "experienta," as the domestic practitioner is styled. If aggravation of the disease occurs under the use of a physician's prescription, it is sure to be attributed to the medicine, and I was met this morning upon calling to see a child for whom I prescribed yesterday with the charge that my medicine had left a most unfavorable effect, and that the patient was nearly dead from taking only two spoonfuls of it, which had forthwith been stopped. Upon an examination of the case it was evident that the medicine had nothing to do with the prostration, which had induced me already to order port wine, and which was still more strongly indicated to-day. The preponderance of cases among children in which worms enter as an element is striking, and the

pastiles of santonin are in common use in most families without consulting a physician.

The tendency to cholera infantum here is marked, and the translation of intestinal irritation to the brain is very frequent.

This last condition is one of the most intractable disorders I have encountered in my professional experience; and I am not able to recall a single instance of metastasis to the brain in which the life has been saved.

The greatest fatality attends congestive fever of adults when it attacks the brain, and it is recognized as a most serious form of disease under the name of "febre perniciosa." The number of deaths from this affection is larger in proportion to the extent of its prevalence than in yellow fever even in the most infected districts, and it is only with the early use of a combination of calomel and quinine that I have succeeded in arresting its fatal tendency.

Among chronic disorders none has proven so disastrous within my sphere of observation as dropsy connected with cardiac derangement. Though I have usually applied calomel and squill at the outset, and subsequently digitalis with acetate of potash, with the result of diminishing if not removing entirely the swelling, yet the disease has invariably returned in an aggravated form. Neither alteratives nor tonics have availed to avert death under such circumstances, and I have the black record of twelve unfavorable results in as many months, with this terrible scourge of humanity. I had occasion to witness the grasping at straws by a dying man a short time since, in finding upon visiting the case, the medicines of three other physicians upon his table, whereupon I inferred that he could dispense with my services and did not return to witness the closing scene of his cardiac dropsy, as these cases might be appropriately styled. The disease manifests itself by general infiltration of the cellular tissues, but is the consequence of insufficiency of the valves of the heart and debility. I have frequently resorted to the diuretic wine of Corvisart, with some temporary benefit, and also have used with apparent effect the atrophic potion of Magendie with digitalis. The unmethodical combination of nitrate of potash and sulphate of iron in solution has occasionally served a good purpose. While spirits of turpentine and sweet spirits of nitre with tincture of nux vomica sustains the powers and promote the action of the kidneys so as to arrest the serous accumulation. Such remedies as usually secure favorable results in dropsical effusions dependent upon hepatic derangement, are unavailing in that connected with organic disease of the heart, and the most that is practicable in these latter cases is staving

off for a greater or less time the inevitable fatal termination.

The whole study of dropsy from books and at the bedside has left a very unsatisfactory impression as to its cause, progress, and cure; so that it behooves some patient investigator to undertake a thorough course of experiments anew and form a different stand-point as to the elements involved in the disease, of which serous infiltration is but an effect. The accumulation in special cavities, as the pericardium, the pleura, and the peritoneum, are accidental circumstances generally, and the trouble lies behind these in the derangement that predisposes to such extravasation.

Hepatic affections are among the most frequent derangements here, and strange to say the tendency is not so strong to the acute inflammatory form of disease as to torpor of the biliary function. In the hasty glance which must be taken of this and other diseases on this occasion, I cannot enter upon the details which will be presented in a special article at some future day; but it may be stated in general terms that this torpor of the liver complicates a large proportion of the cases that come under medical treatment in this country.

It has been my good fortune to have the time-honored work of Dr. James Johnson on the liver, who says, "As for a mere redundant secretion of bile, the thing itself is a bagatelle, and the treatment simple and easy. It is the torpid liver which every hour arrests our attention and requires our exertions to obviate its long catalogue of effects." Being impressed with his special recommendation of calomel in this class of diseases, it has been my mainstay in propping up the atonic liver, and few patients, let the ostensible disease be what it may in this climate, can dispense with the medical element in the outset of the treatment. In combination with aloes, jalap, and rhubarb, one grain of each to the pill, I have almost a panacea for the hepatic complications which present themselves daily in my practice, and some of my American friends as well as many Brazilians keep them constantly on hand for timely correction of incipient disease. Formerly calomel was sparingly used by the native practitioners and limited chiefly to syphilitic affections, but it has been introduced more generally into practice of late, and some of them exceed even the liberal doses in which this medicine is employed in the United States.

As the people associate the name of calomel with its special application to syphilis it is politic to conceal from them generally the use of it, by prescribing under the technical term proto chlorido de hydrargyro when it is employed for other affections, and

the druggists understand to copy it thus on the label of the medicine. All prescriptions are required to accompany the article sent, and it is a regulation of importance in the frequent changes from one to another medical attendant, as thus the last in charge can know by inspecting the bottles and pill-boxes what his patient has already taken.

It is also found expedient in the use of quinine to prescribe the hydrochlorate, as there is a strong prejudice against the *sulfate* on the part of the uneducated classes, and they are not aware of the similarity of the preparations.

We have to be literally all things to all men in this land of superstitions.

One of the features that is calculated to impress the looker-on here is the complete subjection of the public mind to certain prepossessions resulting from the association of ideas; and the necessity of recognizing to a greater or less extent these whimsical and often nonsensical notions. These absurdities extend themselves from the lower to the upper classes, and even some of the medical men are prone through politic considerations to chime in with the prevailing sentiment of the people in matters affecting diet and regimen. We have, for instance, a physician in this city who does not allow his patients with certain forms of disease to eat the soup of any chicken except those with yellow legs and a peculiar tuft of feathers on the side of the head, and he considers that beef and milk are poison to the sick and let their need for nourishing food be ever so urgent in convalescence they must not touch these articles. The same physician condemns the use of oranges by the healthy, and even went so far as to cut down all the orange trees upon his farm, in the apprehension that his slaves would be injured by eating the fruit. It will doubtless be a matter of surprise to learn that he is otherwise an intelligent and well-read man in his profession, being a graduate of the Edinburgh University, and is not a native of Brazil. But he has lived long enough in the country to have imbibed many of the peculiarities of the people, and has gone ahead of them in his individual departures from the ordinary appreciation of surrounding matters. I will do him the justice to say that he practices what he inculcates upon others. The course of treatment adopted by some physicians here seems to be based upon the principle of doing no harm if no good is done, and consequently nature is left to do its perfect work with very little interruption. It is a very remarkable development of the expectant treatment in even the acute diseases, that the results compare favorably with those obtained by energetic measures of medication; and hence it is

observed that the wishy-washy process is less objectionable than might be anticipated. One of these practitioners would leave a man to strangle with a cord by which he was suspended aloft, rather than risk injury to him by the fall in cutting him down.

The wide-spread impression among the negroes that spells are placed upon one or another by evil-disposed persons is shared to some extent by the whites, and there are a class of conjurers who profess to cure the effects of such hidden magic upon the receipt in advance of a pecuniary consideration.

Only this morning the father of a negro man who had been under my care, informed me that my applications could not avail anything for the relief of the patient, as it was something put upon him by another darkey. This old black man is a most respectable, honest specimen of the free negro, and came to pay my bill, preparatory no doubt to having his son disenchanted by some designing impostor who plays upon their credulity.

In the matter of surgical appliances and instruments, the deficiency is in most striking contrast with the ample supply of medicines in the drug-stores of Brazil. The consequence of this is that few native practitioners are provided with the requisites for performing a great variety of surgical operations, and are under the necessity of availing themselves of the hands and tools of such as have acted upon the principle of *animis opibusque parati*. While there are found here but few men of celebrity as surgeons in the field of general operations, the country is not lacking in oculists and the operators in this specialty compare favorably with those of other countries.

In the gynecological department some considerable progress has been made by a few practitioners in the Empire, yet the advances in the details cannot be compared with the results elsewhere. Their obstetric prestige has been shocked by calling De Paul from Paris to attend the Princess Isabel in her confinement four and two years ago in Brazil, and ultimately by placing her under his care in Paris. The Condé de Em took the responsibility of providing for his wife, independent of the surroundings of the Brazilian coast. Maternities for lying-in women exist in Rio de Janeiro conducted by females under the superintendence of medical men, and are in the matter of regimen and nursing unexceptionable. The hospitals generally in this country are kept clean, and the extensive public establishment known as the "Santa Casa de Miserecordia," in Rio, is favorably constructed for ventilation, with large halls adapted to different classes of patients. The medical and surgical direction and service of internes are in keeping with the superficial character of all public duties

performed by officials in this country, and yet the average results or mortality makes a favorable showing in the statistical records of this institution.

The professors of the medical school are in charge of their respective departments of surgery and practice in the hospital, and are perhaps more competent in their sphere of duty than can be found elsewhere in the empire. It was my privilege in 1874 when kept waiting for four months for an examination by the faculty in Rio de Janeiro, to attend upon the clinical rounds in the wards, and in the main I was favorably impressed with their skill in diagnosis and in the application of means of relief. I may cite a single case of each which though not especially remarkable, serves to corroborate their practical discernment. Dr. V. Saboia, the Professor of Surgery, operated upon a stricture of urethra which required the capillary guide for the staff of Massineuve's urethrotome to enter it. It was freely incised, and a large bougie passed immediately afterward to verify the sufficiency of the opening. The case was then left without the bougie and with orders not to be introduced until he should be presented again a week afterward for the inspection of the class. Upon its repetition at that time there was no obstacle to its free passage into the bladder, nor did any impediment appear after the lapse of another week of complete quietude. This practice was new to me at the time, but having seen trouble from the repeated use of the bougie after these operations, it was natural for me to adopt this course of masterly inactivity subsequent to making the incision with Massineuve's instruments, and it has been attended with the most satisfactory results.

Dr. Torres Homem, the Professor of Practice diagnosed a serous collection in the right pleural cavity and proceeded to evacuate it with the aspirator, drawing off more than two pints of fluid, much to the relief of the patient, and with a favorable termination by firm bandages applied around the chest for some days subsequently.

Private hospitals or infirmaries are in use largely by the physicians of Rio and by those of Campinas. In the latter place when there are a great many slaves brought for treatment from the surrounding coffee plantations, nearly every practitioner finds it to his interest to make provision for their accommodation upon his own premises, and though it causes trouble very far disproportionate to the compensation, there is no other alternative but to subject ourselves and families to this inconvenience. An opportunity is thus afforded for observation of the progress of diseases which has not been presented when the patient had to be visited elsewhere; and in surgical

cases where frequent dressings are required for which, owing to the use of antiseptics, hospital facilities are desirable. Listerism, as such, has not been adopted by many practitioners in Brazil, yet the great cardinal doctrines inculcated by antiseptic physicians and surgeons, have ramified throughout all the channels of practice, so that no medical man at the present day can discard the principle or reject the application in one or another form. For my own part I never accepted the view that any benefit came from the carbolic acid spray diffused in the apartment of the patient to be operated upon, and after reading a Texas doctor's discovery of germs floating in the atmosphere of a yellow fever district, my faith became seriously shaken in microcosms et id omne genus. I stand upon the platform presented, two years ago by Dr. Markoe in the *American Journal of Medical Science*, and while all this fine-spun thing about germs has served a good purpose in securing cleanliness of wounds, I feel assured that it is destined to drop down as rapidly as it has risen in public recognition and appreciation. The germ traps will sell cheaply before the lapse of many years, and still the antiseptic philosophy will have accomplished great things in the increased attention given to the dressing of wounds and putrifying sores.

You are not expected to indorse the views of your correspondents, and although you do not keep at your head an ensign with the premonition that the "Editor is not responsible for the views of contributors," I think that liberty of speech is conceded by you, even for erroneous views, leaving the profession to sift the wheat from the chaff which may be presented. (Just so.—E. S. G.)

SELECTIONS.

CASES OF DIABETES WITH URINE OF LOW SPECIFIC GRAVITY. By S. WATERMAN, M.D., New York.

The following cases of transitory diabetes with urine of exceedingly low specific gravity (1.002), and in which Trommer's test gave promptly the reaction peculiar to the presence of sugar, ending both in recovery, are worthy of record.

Mrs. C.—, of German birth, married, aged twenty-seven, of nervo-sanguineous temperament, had advanced to her second pregnancy, to the eighth month of gestation. On Friday evening February 4th, 1870, she was seized with a sudden chill, which lasted about half an hour, accompanied with a sense of excessive exhaustion and sinking in the præcordia. I saw her within half an hour of the attack,

when the following symptoms presented themselves : She was exceedingly restless, throwing herself from one position to another, giving herself up to fear and despair. The surface of her body was cool ; her temperature $96\frac{4}{10}^{\circ}$ in the rectum, pulse ranging from 72 to 74 per minute, but threadlike and empty, heart's action very weak but not intermittent. Her lips were parched and covered with black sores as if she had been in the latter stages of typhus gravior. She complained of unquenchable thirst, although she drank water continually. Her appearance was expressive of great suffering, and danger of dissolution seemed to be imminent. Her eyes seemed sunken and had a peculiar wild and glassy appearance. The color of her face was very pale. She had urgent calls to urinate every five or ten minutes, and always passed considerable quantities of a perfectly colorless urine. At every call to urinate she was seized with chills and violent shivering. She refused to lie down quietly, preferring to sit up and to shift unceasingly, in consequence of a sense of suffocation which was distressing in the extreme. She wrung her hands or threw them up wildly into the air, her vision was impaired, and she was continually asking for light. The sense of impending suffocation could be traced to a spasmodic constriction of the glottis. Strongly impressed with the belief that she would die, she desired to take leave of her children and relatives.

I learned that she was perfectly well that day until after a hearty supper. For many weeks previously she had suffered from nausea and loathing of food. I made a careful vaginal examination, but could not discover any abnormal condition. I found a head presentation in the first position. There was no undue distention of the abdomen, nor could I detect any tenderness, nor any other abnormal condition of the abdominal organs.

I came to the conclusion that the whole train of these strange and formidable symptoms, so rapidly developed without any premonitory trouble, was probably hysterical in its character ; yet I had never seen an attack so peculiar and so terrible. She appeared like a person under the bewildering influence of some powerful narcotic. I ordered the following nervative :

R. Tr. valerian. ether..... ʒj.
Tr. castor. vera..... ʒij.
Acid. phosph. dilut..... ʒj.
Misc. D. S.—A teaspoonful every half hour and brandy *pro re nata*.

Under the influence of this simple medication the symptoms gradually subsided and she fell into a

quiet and refreshing sleep. I found her next morning up and attending to her household duties, complaining of weakness, but of nothing else, and she made a complete and speedy recovery. I had obtained a fair quantity of her urine, passed during the hysterical storm ; another quantity of the morning urine was also secured and at once submitted to analysis, with the following results :

Night Urine.	Morning Urine.
Specific gravity, 1.002.	Specific gravity, 1.018,
Reaction, alkaline.	Reaction acid.
Albumen, none.	Albumen, none.
Sugar (by Trommer's test), large quantity.	Sugar (by Trommer's test), small.
Color, white and clear.	Color, straw color.
Urea, scarcely a trace.	Urea, normal.

The night urine, which gave the instantaneous and intense sugar reaction, was allowed to stand a few days. Fermentation took place rapidly, reaction became decidedly acid, and its clearness and transparency changed into a turbid, milky fluid.

What caused this peculiar and strange transmutation? The microscope revealed the presence of fatty matters in exceedingly fine division, which could be dissolved with sulphuric ether. There were no casts. It is generally considered by good authorities (Golding-Bird, Ultzman, Dickinson, Beale, and others), that the presence of oil in the urine does not necessarily point to a pathological condition of the renal gland. It is not unfrequently met with in the urine of pregnant women. Says Dickinson ("On the Pathology and Treatment of Albuminuria") : "The presence of oil in the renal cells, even to a large amount, does not necessarily interfere with the action of the gland." It is foreign to the scope of this paper to enter into a full investigation of the origin and pathological significance of the presence of oil in the urine. Those interested in this peculiar condition of urine may find a full and minute description in the "Guy's Hospital Reports" for 1840, and also in the *Medico-Chirurgial Review* of 1839, p. 228, and *Journal de Chemie-Médecine*, 1839. Later references are furnished by Dr. Ultzman in the "Real Encyclopædia der gesammten Heilkunde."

To this urine, or more directly speaking, to this fatty substance the name of kiestein was formerly given, and it was supposed to be a sure sign of pregnancy, and to be found invariably in the human female during uterine gestation. This notion is now pretty well exploded, as the same urine has been found in unimpregnated females, and in males also.

With regard to the appearance of fat-globules in

the urine in question, after it had undergone the process of fermentation, a rational explanation, I think, can be given. The urine contained probably these oil-globules at the time it was passed. It will be remembered the urine was then strongly alkaline, and this alkalinity kept the oil in a saponified condition. The rapid fermentation was undoubtedly due to the conversion of its sugar into carbonic acid and alcohol. As soon as the alkalinity of the urine was neutralized by the nascent carbonic acid, the fatty substance, no longer saponified by the alkali, was precipitated, giving the urine its milky appearance.

A second case was in Mrs. H——, living in a shanty, corner of Sixth Avenue and Fifty-sixth Street. She applied to me in February 1868. My records show her to be forty-five years of age, of plump and muscular appearance, inclined to obesity. Menses ceased ten months previously. She supposed herself pregnant, and thought I could tell by examining her urine. The urine looked perfectly colorless, like water, had no perceptible odor, gave an alkaline reaction, and had a specific gravity of 1.002 at a temperature of 62° F. On the application of Trommer's test as modified by Pavy, an immediate and brilliant reaction took place, evidencing the presence of sugar. The microscope showed branch-like crystals, partaking of the character of urea, and of chlorate of ammonia, but no casts. On slow evaporation a resinous matter remained, hardening in the air, of yellow wax color, insoluble in ether and chloroform, but soluble in caustic potassa, which, with Fehling's solution gave the characteristic precipitate of suboxide of copper. A part of the urine left to spontaneous evaporation presented beautiful octahedra crystals of oxide of lime, and splendid large crystals of salts of urea, which when placed under the polariscope presented the most beautiful sight imaginable.

Subsequent observation proved that Mrs. H—— had not been pregnant. Under proper treatment the anomalous secretion disappeared and left her a perfectly healthy person.

The presence of sugar in the urine is associated in our minds with a high specific gravity of the secretion, and such, I think, is true, almost invariably in diabetic urine. When the urinometer indicates such high specific gravity we are induced to test for sugar, but in urine below the usual specific weight of 1.012 to 1.015, the presence of sugar is not suspected, and the sugar test is seldom, if ever, applied, except by accident. Whether sugar is a normal ingredient of every urine is yet an open question, and has no direct reference to the points under consider-

ation. I have vainly searched for cases similar to these presented by me, and for an explanation of its phenomena. Only Roberts (urinary and renal disease) speaks of it. He says: "If its density persists at a lower point 1.005, to 1.008, the existence of insipid diabetes is to be apprehended. After hysterical paroxysms in women, after similar attacks in men, and sometimes in the apoplectic state, the urine is discharged in large quantity and of exceedingly low density."

Dr. A. Jacobi of this city has a case now on hand, where at a density of urine at 1.007 sugar is present.

In connection with this point of inquiry it is well to remember that various substances, such as carbonate of ammonia (derived from the decomposition of urea) as well as other salts of ammonia, carbonate of lime, phosphate of lime, phosphate of magnesia, and some other substances interfere with the usual sugar test. This I found to be the case not unfrequently when the quantity of sugar was small. Its presence was demonstrated by Trommer's test after the lapse of many days, the urine with the test solution having been set aside for that purpose; it took sometimes eight days before the suboxide of copper was precipitated.

In the two cases above related Trommer's test gave an immediate reaction. How the small percentage above the specific gravity of water, two per cent, could account for the presence of sugar I am unable to surmise. May not Trommer's test, after all, respond to other substances as well as to sugar, and may we not often be led into errors by its reaction? We know it responds to indican. So says Thudicum ("Pathology of Urine.") Indican is, however, not a sugar, and as found in the urine is a gum-like substance, from which alcohol separates a resinous mass, of a lower specific gravity than water, and which, when acted upon by the oxide of copper with an excess of caustic soda assumes a greenish color, and finally throws down the suboxide of copper.

Alonzo Rognosi made a communication to the Academy of Sciences, December 1851, stating that he found sugar in the urine of hysterical persons; and in the "Reports of the G. A. University of the Royal Society of Sciences at Gottingen," dated March 15th, 1852, Dr. R. Wagner speaks of the presence of sugar in the urine of hysterical persons as a proven and incontestable fact.—*Record*.

A CASE OF EXTIRPATION OF THE GALL-BLADDER FOR CHRONIC GALL-STONES.—Langenbuch, of Berlin, taking the ground that the gall-bladder is the local-

ity in which gall-stones are especially developed, concluded that in cases of cholelithiasis in which repeated attacks of colic and other symptoms confirm the diagnosis, the patient may be saved from further suffering and from the dangers of ulceration and fatal peritonitis by removing the gall-bladder, with its contents, with perfect safety, by laparotomy. This view is supported by physiology and morbid anatomy, which demonstrate the fact that the gall-bladder is not an organ essential to life, inasmuch as it is frequently absent after death, either being congenitally deficient or destroyed by disease without there having been any material or evident disturbance of the health of the individual. Moreover, it is normally absent in some of the higher animals, as in the horse and the elephant. As regards the operation for its removal, after repeatedly performing it on the dead body, he arrived at the conclusion that, *of all abdominal operations for which preliminary laparotomy is required, the extirpation of the gall-bladder, with preceding ligaturing of the cystic duct, is to be regarded as the least complicated.*

The operation is detailed as follows: A transverse incision through the right abdominal wall, corresponding with the anterior border of the liver, meeting another along the outer border of the rectus muscle, so as to form a T, both of them being about 10–15 cm. in length, will open the abdominal cavity in the most convenient manner. The gall-bladder is at once exposed, with the fundus presenting, under the lower surface of the liver. If the colon and small intestines are now pushed backward by introducing a large flat sponge, and the right lobe of the liver lifted upward, the hepato-duodenal ligament will spring into view from below, so that the anterior boundary of the foramen of Winslow can be taken between the fingers of the left hand. In this fold run the great gall-ducts, and toward the middle the portal vessels. In order to separate the cystic duct, which lies farthest to the right—in fact, almost isolated—it is advisable to separate the few peritoneal attachments to the gall-bladder, with the aid of a few small incisions. The bladder decreases in size until it terminates with some spiral turns in the duct, upon which a tightly-drawn silk ligature is now placed from 1 to 2 cm. from the bladder. Since the success of the operation depends upon the permanent occlusion of the cystic duct, the catgut ligature for this purpose is absolutely excluded. Having done this, the peritoneal investment of the gall-bladder is slit up around its circumference, the connective tissue holding it in place carefully divided by the knife or scissors, and the gall-duct is then cut outside of the ligature. In case the gall-bladder

is greatly distended, its size may be first reduced by the aspirator, in order to prevent its rupture, and the consequent flooding of the field of operation. It is necessary to bear in mind the vascularity of the liver-tissue, injury of which should be carefully avoided; otherwise in this operation there will scarcely be found a vessel large enough to require a ligature. With the closure of the abdominal wound the operation is concluded, in which, with the exception of a small portion of the colon, scarcely any of the intestines are exposed.

Having completed the study of the details and principles of the operation, it was not long before the author had an opportunity of carrying it into actual practice. A case of long-standing jaundice, enlarged gall-bladder, with occasional discharge of calculi, in a man 43 years of age, was seen in consultation in June 1882. In spite of medical treatment, the affection, which commenced with an ordinary attack of biliary colic in 1866, had persisted; his general health had greatly suffered, and he became markedly emaciated. Attacks of pain were of frequent—indeed, almost daily—occurrence, and were so intense as to lead to fainting-spells on several occasions. Without detailing all the symptoms, it may be stated that the patient was in a decidedly precarious condition, nutrition was greatly impaired, pains were very severe, and there was great danger of the opium habit, so that the prognosis was very unfavorable. At the request of the patient, the above operation was performed July 15th, in the manner prescribed, without any difficulty. Aseptic precautions were observed with unusual care. The gall-bladder was found in moderately distended condition; it contained two small stones. There was slight venous bleeding from the surface of the liver, which was checked by a stitch with a catgut ligature. After the operation the patient had no pain, and slept well the succeeding night. With the exception of a slight attack of dry pleurisy on the fourth day, which passed rapidly away, he had an uninterrupted recovery, and left his bed on the twelfth day, the wound having healed within a week after the operation. The results of the operation were very marked.

The old pains had, in November, not yet returned, nor had he had others. It was some time before the irritable, weak stomach was restored, but it had greatly improved. He had not taken morphia since the operation. The bodily weight increased so rapidly that in six weeks he had gained 7.5 kilos (about 19 pounds).

The author concludes that cholecystotomy is especially adapted to treatment of those cases in

which the patience of the physician and that of the sufferer have reached their limit. It is a last resort, although it should not be too long delayed; it should be carried out only by a practised surgical hand, and conducted under the guarantee of the most rigid antisepsis. As it is the least dangerous of all laparotomies, it is in the special cases, as a matter of fact, to be preferred, in its actual though slight chance of life, to an existence given up to morphia and the innumerable possibilities of this most insidious malady.—*Medical Times*.

PROCEEDINGS OF SOCIETIES.

(Reported for this Journal.)

MEDICO-LEGAL SOCIETY.—At the September meeting of this Society, Dr. G. W. Hammond described some experiments undertaken by him upon his own person, with a view to test the comparative painlessness of death by strangulation, and death by dislocation of the second cervical vertebra, which is now the practice in this city in executing capital sentences, has received many confirmations in the literature of the subject, not only at the hands of persons who have attempted suicide by hanging, but also by medical inquirers who have tested the question. Lord Verulam, in the "*Historia Vitæ et Mortis*," instances the case of a gentleman who, being curious to satisfy himself as to the sensations experienced by criminals subject to the death penalty, hanged himself by mounting upon a stool and then dropping himself off, thinking, of course, that he would be able to regain the stool at pleasure. The experiment would have ended fatally but for the opportune intervention of a friend who released him from his perilous situation. When questioned as to his sensations, he replied that he felt no pain whatever; but at first saw around him the apparition of a vast expanse of flame, which was succeeded by an intense blackness, followed by a vast field of pale blue or sea-green, such as is often described by persons in a faint. Montagnac, who was rescued from death by hanging by Marshal Turenne, declared that all sensation ceased instantly, and a beautiful light, vivid beyond all description, filled surrounding space.

Fleischmann, whose essay on death by strangulation, "*Annales d'Hygiène*," Tome VIII., page 482, is a classic authority, gives a narrative of several experiments, the first of which lasted two minutes. At the moment the cord tightened he experienced a sensation of great weight, accompanied by hissing

noises in his ears. Then sensibility ceased, and he knew no more until resuscitated. According to Jacquemain, who gathered his information from would-be suicides in the Mazas prison, at the instant of pressure there is invariably a sensation of great heat in the head, followed by loud noises which are musical in their tenor. The latter are succeeded by a sense of weight in the limbs, and then sensation departs—the whole series of phenomena not lasting apparently more than a few seconds. In some cases the pressure is followed by instant syncope, and there is no sensation whatever. The convulsive movements, spasmodic contraction of the facial muscles, contraction of the pupils, and contortions of the eyeballs that belong to the second stage and give the countenance such a terrible expression are not, according to Jacquemain, accompanied by any consciousness of suffering, and Taylor and Tardieu are of the same opinion. The latter believes that death supervenes within ten minutes, and the former that resuscitation is impossible at the expiration of the fifth minute.

The marvellous tales of recovery after suspension for half an hour are very apocryphal, and rest upon no sufficient foundation. If the rope is so adjusted that compression of the vessels and occlusion of the air from the lungs are instantaneous, it is evident that sensation is at once abolished, and this agrees with the results of experiments on animals, in which sensation is suspended with the complete suspension of respiration by compression of the gullet. The difference between the first sensations, as described by Montagnac and Fleischmann, may, without taxing the veracity of either, be accounted for upon the assumption that in the case of the former, had the experiment been carried to the end, death would have resulted from asphyxia, while in that of the latter the symptoms were apoplectic. Dr. Hammond felt a sensation of pressure in the head, with noises in the ears like the murmur of a sea-shell. In his first experiment consciousness lasted eighty seconds, and in his second trial only fifty-five seconds. Vision disappeared almost instantaneously in each case, but there were no flashes of color.

At the November meeting there was a discussion on the preventability of suicide by law, but the members did not appear to be aware that, as has been recently shown, the penal code exerts some influence in this direction. It declares suicide to be a grave public wrong, at the same time frankly avowing that from the impossibility of reaching the perpetrator, if successful, no forfeiture is imposed. But it declares quite severe punishments upon any one who may attempt suicide failing of success, and on any

one who aids or encourages another in attempting his own life, whether the attempt be successful or not. Mr. Clark Bell, who read the paper of the evening, seemed inclined to raise the question whether some return to ancient penal measures against suicide might not be judicious. Formerly, as is well known, the goods of suicides were forfeited to the Crown; but in modern times this has seemed to be an infliction upon the heirs rather than upon the offender. Also the mortal remains were denied Christian burial, and were subjected to indignities; but such customs have become abhorrent to the general feeling, and would probably have less influence to deter from self-destruction under the relaxed views of ecclesiastical authority and of the necessity of ceremonies of the Church to insure future welfare. But the general belief that suicide has increased lends color to the idea that the punitive methods of old times, barbarous and unreasonable as they may appear, may have exerted a restraining influence. The provisions of the Penal Code will be found to go as far in this general direction as is consistent with public sentiment; at least until hygienic and moral means for diminishing the predisposition and temptation to suicide have been more systematically and energetically tried.

CHICAGO MEDICAL SOCIETY.—At a late meeting of this society Dr. E. Andrews read a paper on "Rapid Lithotrity," in which he said that first Bigelow's method seemed cumbrous and even though accompanied with anæsthesia, harsh, the term litholapaxy was useless, but the operation was such a useful one as to even reconcile surgeons to such a crack-jaw name. He had performed the operation four times within the last few months, and of these cases he presented the following notes:

CASE I. June 24th, 1882. A young man in fair condition, preliminary lithotritic measurement showed the calculus to have a diameter of one and a half centimetres. He gave ether and slit the urethra to make room for the instruments. The operation was done in twenty minutes. Bigelow's lithotrite and the tubes (No. 30 French scale) pumped out the fragments with great ease. There was no shock the second day and the patient persisted in getting up. The third, fourth, and fifth days he went out despite advice without any apparent result. On the tenth day he was discharged cured.

CASE II.—March 20th, 1882. Patient's age about thirty-two; male. Gave ether and operated by rapid method. Time of operation about thirty-eight

minutes. Urethra too small to pass Bigelow's large tubes, but admitted his lithotrite; size of tubes about twelve, English catheter scale (about twenty French). Preliminary measurement gave the diameter of the calculus as three and one half centimetres (over an inch). The moderate size of Clover's tubes retarded the evacuation of the gravel, but this was unavoidable, because the circumstances did not admit of delaying the operation long enough to gradually dilate the urethra. Second day. Slight fever, temp., $99\frac{1}{2}^{\circ}$ F.; gave morphia and aconite. Third day. Doing well, no fever. Fourth day. Doing well; insists on walking about. Fifth day. Doing well; daily getting better. Fifteenth day. Discharged cured.

CASE III.—September 18th, 1882. Male, age thirty; fair condition. Preliminary measurement of calculus shows diameter about two centimetres. After three days preliminary treatment with quinine, I gave ether, and performed rapid lithotrity. Time of operation about thirty minutes. Stone phosphatic. Used the large instruments, slitting the meatus to admit them. Second day. Doing well; some pain. Used anodynes. Third day. Doing well. Wants to get up and go out of doors; forbidden to do it. Fourth day. Doing well. Allowed to sit up. Eighth day. Came to my office a mile and a half to see me. A slight catarrh of the bladder continued a week or two, and ceased when he was discharged from treatment, cured.

These cases confirm the experience of Van Buren, Keyes and Sir Henry Thompson as regards quick and easy recovery. The next case shows that there are contra-indications for the operation.

CASE IV.—October 4th, 1882. The patient was sixty-six years of age, and badly broken down by his vesical disease. The bladder was contracted, indurated, and felt ridged and rough on its inner surface. The prostate gland was much enlarged. The calculus was phosphatic and about four centimetres in diameter. At this age the cutting operation is followed by the death of almost half the patients, and taking the broken condition of the health, and the large size of the calculus into consideration, Dr. Andrews estimated his chance of living after cutting would be only one in three, and that litholapaxy would be no worse, and might have some chance of being better, than lithotomy. Ether was administered, and the operation performed with Bigelow's large instruments in forty minutes. The shock was only moderate, and reaction occurred easily. The next day there was a good deal of pain with retention of urine, relieved by anodynes and a soft catheter.

The pre-existing cystitis was aggravated by the operation, and the temperature rose to 102° F. ; but by the use of antiseptic and anodyne injections, with suitable treatment of other kinds, it gradually subsided, and thirty days after the operation, the old man seemed likely to recover. . Soon afterward however, there was an attack of pneumonia on the right side, which, though not severe, seemed to tell heavily on his weakened powers, and he grew worse again, and died about six weeks after the operation.

This case impressed Dr. Andrews at first as progressing better than similar ones usually do after lithotomy, but still the calculus was large, and it was difficult to decide whether the risk of lithotomy would have been greater or less. As the calculi increase in size the superiority of lithotomy grows less, and at a magnitude not yet determined, ceases altogether ; but with small calculi the risk of the operation is comparatively trifling, and in many cases almost nothing.

Bigelow's operation in Dr. Andrews' opinion offers three advantages.

1st. The sharp, irritating fragments of the calculus are removed at once from the bladder and do not lie there for days, kindling up an exasperating inflammation.

2d. The broad jaws of Bigelow's lithotrite require only about one half as many movements to obtain a given degree of comminution as does Thompson's instrument, and at the same time his great tubes will take out fragments, about three times as large as Clover's tubes, so that far less comminution is required. It results from these facts that with Bigelow's instruments the total amount of manipulation of the apparatus in the bladder is probably less than a quarter of that required by the older armamentarium, a fact of the greatest importance to the patient's safety.

3d. Bigelow's lithotrite has its female blade so much longer and broader than the male, that it fends off the folds of the bladder and rarely ever catches the membrane in its grasp. This saves the bladder from injury, and facilitates rapid work.

There is an incidental benefit from this operation which is this : Formerly a calculus patient in the country, wishing to send to a large city for a surgeon, could have nothing but lithotomy, because the crushing required a prolonged attendance, and often numerous sittings. Now the surgeon can carry both sets of instruments with him, and having examined the patient, can give him the benefit either of lithotomy or lithotrity, as he finds the condition to require.

It is not always possible to use the largest size of

instruments, hence I have three sets of tubes of the sizes 20, 25, and 30, of the French scale. Lithotrites of various sizes are also required.

The statistics of Litholapaxy are not well settled. On writing, recently, to Prof. Bigelow, he answered that he was unable to give any figures of value. Sir Henry Thompson has performed the operation nearly or quite a hundred times. His own words in reporting his results are slightly ambiguous, but taking them as they seem to mean, and adding the cases just reported, those of Van Buren, Keys, and others, there is a mortality of only about four per cent, or if the ambiguously stated portion of Thompson's cases be excluded, the mortality will be still less than six per cent, while that of lithotomy in adults varies with the ages of patients from fourteen to forty per cent.

In looking, however, at this great difference in results, it should be remembered that the best cases are selected for lithotrity, and consequently that part of the superiority is due to this selection ; still this does not account for the whole advantage. Sir Henry Thompson performed lithotrity sixty or seventy times for persons with very small calculi, without a single death, though the patient averaged about sixty years of age. It is evident at a glance that this number of old men could not have been cut, however small the calculi, without a considerable number of deaths. The truth is that with very small stones and modern improved instruments, the operation is a mere trifle, almost comparable to passing a catheter, so that in such cases crushing must be necessarily regarded as a much less formidable proceeding than lithotomy.

In the discussion Dr. Chr. Fenger entirely agreed with Dr. Andrews as to the value of the operation. He had operated on one case where the calculus weighed an ounce and a half. The operation was performed in twenty minutes. The patient recovered from its effects in thirty-five minutes, and next day was able to go out. On the third day slight bleeding occurred. The patient entirely recovered in a week.

Dr. R. Park had not seen lithotrity performed in Vienna. They performed lithotomy by the suprapubic method.

Dr. W. T. Belfield thought that fever would always result on the introduction of the instrument into the bladder where there was enlarged prostate and urinary retention. Anæsthetics are not necessary in the operation. He had seen sixty cases in Europe. In one case epididymitis resulted. Of twenty-six cases operated on by Dr. Dipple one died of phlebitis.

Dr. Andrews said that extreme hardness of calculi was an obstacle. In crushing an oxalate of lime calculus he bent Thompson's instrument out of shape.

At the December meeting Dr. B. Brower read an elaborate paper on "Concealed Insanity," as illustrated by the case of Mark Gray. He began by saying that insanity is no moral agent; the disordered nutrition of the brain, upon which it depends, does not in any way improve the religious tone of the unfortunate victim. If the patient was inclined to lie or steal before, he would be none the less liable to do it afterward. It is not inconsistent that insane patients should conceal their insanity, and that they frequently do it is in the experience of many who know them well. The motives that prompt insane people to action are not necessarily different from those which influence sane persons. Desire to escape from confinement or to be given control of their affairs are among the most prominent of these incentives. Two recent cases illustrated this—the Adelaide Robert and the Mark Gray cases. Judges Rogers and Williams cured these cases by a single stroke of the pen after the superintendent of the asylum had failed. Insanity, contended the doctor, was no less a disease than consumption, yet neither of these judges would have attempted to cure consumption in the same way. Mark Gray was found insane in the criminal court of Cook county in May 1879, and committed to the Elgin insane asylum.

He had attempted to shoot Edwin Booth while the actor was playing in McVicker's theatre. After rehearsing the most prominent incidents connected with the attempted tragedy, and other points, the doctor stated that the record showed that Gray's father had been laboring under an incurable disease at the time of Mark's conception, and the health of the child depended in a great degree upon the condition of the parents at the time of conception. The doctor referred to all of Gray's peculiarities, his delusion in believing himself the deserted son of Booth, and his frequent declamation of Shakspeare.

He had applied to Dr. Kilbourne, superintendent of the asylum, on several occasions to be released, but the doctor told him that he was still insane, as he continued to believe he was Booth's son and continued to strike stage attitudes and boast of his histrionic talents. Immediately after this Gray changed his demeanor and insisted to every one that he no longer had any delusions, and he refrained from reciting Shakspeare. He continued to avoid asserting his relationship to Booth and to conduct himself as perfectly sane, until December 1st, when he again

indulged in his delusion. After a meeting of the board of trustees, at which he demanded his discharge and was told that he could not be until he forsook his delusion, he again abandoned it. For eight months he sedulously avoided showing a belief in his connection with Booth, nor did he again claim that he was a great actor, or speak upon theatrical matters.

By Judge Williams he was discharged as cured. He testified in his own behalf, and his testimony was a surprise to all who heard him. Yet, continued the doctor, Gray's testimony was sufficient to show that the disease was not eradicated. He manifested by his manner and by his talk the self-adulation that had been a part of his insanity. He indulged in that denunciation of the hospital authorities that is usual in such cases, saying that Dr. Crane, the assistant physician, was crazier than he was. All superintendents of insane asylums had heard the same thing from just such patients. It is a remarkable fact, said the doctor, that patients who leave the asylum cured always have pleasant recollections of those who cared for them in their affliction.

Of course there was no doubt, said the doctor, that Gray was insane. If there had been any doubt, his subsequent history places it beyond question. He wrote a letter four weeks ago to John W. Norton, of the Grand Opera House, at St. Louis, in which he proposed to star Hamlet, and later he said to a newspaper correspondent that his resemblance to Booth would hurt the latter before the public.

Dr. Brower concluded by saying that more care should be taken by the judiciary in discharging criminal lunatics, but it would not be done until the bench was purged of such men as Judge Williams.

Dr. Kiernan said that although Dr. Macdonald, of New York, had denied that lunatics could conceal their insanity, the phenomenon alluded to by Dr. Brower had long been recognized by alienists. Matthews, a patient in Bethlehem asylum, had markedly systematized delusion respecting an air loom which was used to destroy and afflict people, and which as described by Haslam, had been utilized by Charles Reade in his novel, "A Terrible Temptation," was yet able to conceal this delusion and convince two physicians that he was sane. Erskine had before him a lunatic who for a long time concealed his delusion which was at length elicited, and the patient returned to the asylum. At the second trial this delusion could not be elicited. Similar instances could be cited from Forbes Winslow, Griesinger, Sankey, and other authors. Dr. Kiernan asked Dr. Brower if Mark Gray's face and skull were asymmetrical.

Dr. Brower said that they were, and that they were congenitally so, and that this was regarded as of value as a corroborative element in diagnosis. Dr. Byrd, of Quincy, had laid special stress on it.

NEW YORK ACADEMY OF MEDICINE. Stated Meeting, December 21st, 1882. Fordyce Barker, M.D., LL.D., President, in the Chair.

The Northwestern Medical and Surgical Society, through its Treasurer, Dr. Fruitnight, donated to the Journal fund of the Academy the sum of \$100. The thanks of the Academy were returned through its President to the Society for its generous donation.

PRESENTATION OF THE BUST OF THE LATE PROFESSOR WHITE, OF BUFFALO.

Dr. Austin Flint, in behalf of James Platt White, of Buffalo, presented a marble bust of the late Professor White, of Buffalo. It was the work of J. G. Mitchell, of Rochester, sculptor. The presentation was made in a few well-chosen words, and was accompanied by the resolution that "The New York Academy of Medicine accepts with much gratification the marble bust, and accords to it gladly a permanent place in the hall of the Academy."

The resolutions were seconded by Dr. T. G. Thomas. The President thanked Dr. Flint and Dr. Thomas for the eloquent tribute which they had paid to the deceased honorary fellow, and in behalf of the Academy accepted the generous gift.

Dr. T. Gaillard Thomas then read a paper entitled

A CONTRIBUTION TO THE SUBJECT OF THE REMOVAL OF THE UTERINE APPENDAGES (TAIT'S OPERATION) FOR RECURRENT PELVIC INFLAMMATIONS; WITH PATHOLOGICAL SPECIMENS.

In the *British Medical Journal* for July 29th, 1882, Mr. Tait enunciated views which were entirely at variance with those heretofore held and accepted with reference to certain pelvic diseases, and made extended remarks on the diagnosis and treatment of chronic inflammation of the ovaries. Since the time of Bennett, of England, Simpson, of Scotland, and Sims, of America, a vast deal of attention had been given to affections of the uterus and of the vagina, etc., while disease of the ovaries and of the Fallopian tubes had been left in a cloud of ignorance and uncertainty. Tilt, a firm and constant advocate of the claims of ovarian pathology, had stood almost alone, and had enunciated views with which only few sympathized and still fewer indorsed and sustained. The views which had been advanced by Tait seemed to be those of an original surgeon and were distinct, and if accepted would open a new field and exert

upon this department of medical science an entirely new influence. The most original and valuable views enunciated by Tait were embraced under the following heads:

First.—He assumed that the view formerly held, that laparotomy and allied operations should be postponed until absolute risk to the life of the patient rendered them necessary, should be abandoned; and that in the hands of the expert they were so far from danger as to be justifiable even when life was not jeopardized.

Second.—That the usually accepted doctrine that menstruation depended upon ovulation was entirely erroneous.

Third.—That the ovaries had nothing whatever to do with menstruation, but that this phenomenon depended upon the Fallopian tubes.

Fourth.—That many of the bad cases of abnormal menstruation were relivable only by extirpation of the ovaries and tubes.

Fifth.—That in chronic ovarian disease the Fallopian tubes were chiefly at fault.

Sixth.—That the mortality had been only one in his last thirty-five operations, and that this slight loss of life was susceptible of diminution in the future.

Seventh.—That in all those cases heretofore regarded as instances of menstrual recurrent pelvic cellulitis or peritonitis were really tubal dropsy and ovarian disease. The last statement was not made in the paper alluded to, but had been received from Dr. T. A. Emmet, who obtained it from Mr. Tait in a private conversation.

Dr. Thomas further stated that removal of the uterine appendages had nothing whatever to do with the subject of ovariectomy; that the latter operation was resorted to for the removal of large or increasing tumors, which, if not removed, almost invariably destroyed life within a few years. The removal of the uterine appendages, or Tait's operation, was performed for severe menstrual disorders and nervous disturbances, which did not so much jeopardize the life of the patient as make it miserable and almost intolerable. The history of ovariectomy was well known. The history of oöphorectomy and its modifications could be summed up in a few sentences. In July, 1872, Hegar, for the relief of certain constitutional disturbances, extirpated ovaries not affected by tumors. Five days afterward the operation was performed by Tait in England. Neither of these operations was published. In August of the same year, Dr. Robert Battey, of Georgia, not only performed the operation but had it published to the world and obtained for it the consideration of the profession. Credit had been chiefly accorded, and

deservedly so, to Battey, although he was immediately preceded by two other operators. The operation to which Tait lays claim consists in the removal of the Fallopian tubes as well as the ovaries, because he believes that in that way alone can menstruation be controlled, and also because he regards tubal disease, the most important of the two pathological factors, as invariably present in chronic ovaritis. Dr. Thomas did not propose to consider Tait's views in an analytical manner, but simply to report four cases in which tubal dropsy existed, associated with chronic ovaritis as described by Tait. The cases reported were too recent to permit conclusions to be drawn with regard to ultimate results.

CASE I.—A colored woman, thirty years of age; the mother of one child eight years old. Had suffered from menstrual, or recurrent pelvic inflammations, due, as had heretofore been supposed, to some unknown influence. Her uterus was large, anteverted, and gave forth too free menstrual flow. Thinking that, perhaps, profuse menstruation was due to fungoid degeneration of the lining membrane, Dr. Thomas carefully curetted the entire inner surface of the uterus, but to his surprise removed only a very few fungoid growths. An anteversion pessary was introduced and resulted in absolute harm. Upon more careful examination he detected enlarged ovaries, and strongly suspected that it was one of the cases in which ovaritis and tubal dropsy were coincident. Further examination convinced him more and more of the truth of this suspicion, and he decided to make an explorative incision, and, if the condition existed, to perform Tait's operation. The incision was made; one ovary was found cystic, and its Fallopian tube was large and felt very much like a coil of intestine. The tube, the ovary, and the ovarian ligament were ligated and removed. The same condition existed upon the opposite side and the same procedure was adopted. This, together with all the subsequent operations, was performed under the strictest antiseptic precautions except with regard to the use of the spray. The patient made a prompt recovery; one menstrual period had passed and no sanguineous flow had occurred. The specimen was presented.

CASE II.—The patient was twenty-five years of age; had been married three years; was the mother of one child eighteen months old. She entered his service in the Woman's Hospital. Her menstrual history began at the age of seventeen, and before marriage gave her no trouble whatever. Nine months after confinement she had an attack of pelvic inflammation which occurred just at the time

of the cessation of the first menstrual period after confinement. Lactation had ceased. It was probably an attack of cellulitis or peritonitis. Similar attacks had been repeated. There was a constant leucorrhœa and difficulty in locomotion. There was partial laceration of the cervix and perineum. There was a mass the size of a hen's egg in the position of the left ovary, and there was exquisite tenderness in the ovarian region, and all about the uterus. Dr. Thomas decided to make an explorative incision, to be followed by Tait's operation if the condition proved to be such as to warrant it. Some cysts occupied the ovary, and the tubes were distended with a large accumulation of pus. Both ovaries and tubes were removed, and could be seen in the specimen presented.

At this point, Dr. Thomas remarked that, while Battey's operation could be performed without coincident removal of the tubes, the latter procedure could not be performed without removal of the ovaries.

The patient recovered without any remarkable rise of either the temperature or the pulse.

CASE III.—Miss——, twenty-two years of age, entered his private hospital. Her menstrual life began at the age of fourteen, and at the first epoch she suffered from severe dysmenorrhœa. During the last year the pain had been almost constant, lasting throughout the entire interval, and greatly increased at each menstrual period. Physical examination revealed enlarged and somewhat prolapsed ovaries, although the prolapsus was not marked. He was unable to discover any enlargement of the Fallopian tubes. Dr. Emmet had previously examined the patient and believed that he found evidences of pelvic inflammation. Dr. Thomas removed both ovaries and tubes, and found the former filled with small cysts, and the latter distended with pus and the lining membrane inflamed. The pus, however, was not confined to the cavity of the tubes. The condition present was that which had been described by the older writers as "profluent dropsy of the tubes." The specimen was accidentally lost. The patient recovered without an unfavorable symptom. No menstrual discharge occurred at the next period, and the patient was perfectly comfortable.

CASE IV.—Miss——, aged twenty-seven, entered his private hospital. Her menstrual life began at the age of fourteen, and she suffered from severe dysmenorrhœa up to two years ago. From that date she had been a constant invalid on account of repeated attacks of pelvic peritonitis, occurring just before menstruation. In September last one of

these attacks occurred, and the patient nearly lost her life, the temperature rising to 104° F., the pulse to 140, and there was excessive pain. At the time of the operation she was emaciated, exceedingly pale, and there was a depreciation of vital forces which resembled that seen in the third stage of pulmonary consumption. Her temperature was 100° F., the pulse 115 to 120, the stomach was irritable, and she suffered from never-ceasing pelvic pain. The ovaries were not very much diseased, although they contained a number of small cysts, but the Fallopian tubes were in a condition of tubal dropsy, and throughout their entire extent were firmly bound down by adhesions. The operation was tedious and difficult, and at its conclusion no one who witnessed it could avoid making an unfavorable prognosis. The patient died on the sixth day. The specimen was presented.

These cases made up Dr. Thomas' entire experience with reference to this subject. All that he aimed to do in the paper was to hold up the views of a brilliant and an original investigator. Tait's immediate results from oöphorectomy had been, like Keith's and Wells' from ovariectomy, exceedingly gratifying. Out of seventy-five cases there had been only six deaths, and out of the last sixty-one cases there had only been three deaths, and out of thirty-five operations for pure chronic ovaritis with tubal dropsy there had been only one death. No such records had been made in this country. The question why statistics were better in Europe than in this country was interesting and important, and it behooved American operators to look at the matter in a most careful manner, and endeavor, if possible, to determine why the success had been greater there than here.

Dr. H. J. Garrigues then read a paper entitled,

GASTRO-ELYTROTOMY (THOMAS' OPERATION) COMPARED WITH OÖPHORO-HYSTERECTOMY (PORRO'S OPERATION).

During the last four years gastro-elytrotomy had been performed three times: the operators were, Hime, of Sheffield, Edis, of London, and Gillette, of New York. These, together with the cases which had already been performed, made eight, in which there had been four recoveries and four maternal deaths. The results compared favorably with those from the rival operation, oöphoro-hysterectomy, or Porro's operation. According to Harris, of Philadelphia, Porro's operation had been performed eighty-four times, with thirty-seven recoveries and forty-seven deaths.

The chief objection which had been urged against

gastro-elytrotomy had been that it could not be carried out according to the strictest rules of antiseptic surgery; but Dr. Garrigues believed that the operation could be rendered sufficiently antiseptic to warrant its further trial, and especially until a greater number of Porro's operation had been performed under conditions which were only equally favorable.

Dr. Garrigues then directed attention to the danger of hemorrhage in Thomas' operation, and concluded that it was not liable to be so much as in Porro's operation, where it was likely to be very severe. The difficulty in arresting hemorrhage from the stump in Porro's operation was very great. He then proceeded to review the different methods, which had been employed for controlling this hemorrhage, such as the ecraseur, the elastic ligature, the application of the soft rubber tube of Esmarch, etc.

With reference to shock and exhaustion, they had so far proved to be the only causes of death in gastro-elytrotomy, but by operating earlier and only on proper subjects, he believed the dangers from these sources could be very greatly overcome. He believed that in favorable subjects the danger from shock was much smaller in gastro-elytrotomy than in Porro's operation. The danger from exhaustion was greater in gastro-elytrotomy than in Porro's operation, on account of the profuse suppuration, which almost inevitably occurred. Peritonitis might occur after gastro-elytrotomy, but he believed it was infinitely less likely to do so than in Porro's operation. Several other accidents were mentioned which were liable to occur with either operation, such as tetanus, pulmonary oedema, heart-clot, etc.

It had been believed that the intra-peritoneal method of treating the stump in Porro's operation would yield better results than had been yet obtained. The method, however, had been tried in five cases, and four of the patients died. He believed that in the country the old classical operation, Cæsarean section, could be performed with better results than either Thomas' or Porro's operation. In hospital practice gastro-elytrotomy should be the operation adopted, if the cervix was dilated or dilatable. If the circumstances were such as to render operative interference necessary before dilatation of the cervix had begun, he should prefer Müller's operation.

The following conclusions were reached: 1. Thomas' operation, or gastro-elytrotomy, had been performed eight times; one half of the mothers recovered, and all the children survived except two, which were dead before the operation. 2. Gastro-elytrotomy might be performed with many anti-

septic precautions. 3. Porro's operation had given less favorable results than gastro-elytrotomy. Müller's modification has given no better results than Porro's. 4. The dangers from hemorrhage, peritonitis, septicæmia, etc., were greater in Porro-Müller's operation than in gastro-elytrotomy. 5. The intraperitoneal method of treating the stump with Porro's operation had been adopted in five cases, and four patients died. 6. One advantage of the Porro-Müller operation was the possibility of performing it before the commencement of labor. 7. Gastro-elytrotomy was less repulsive to the patient than was either of the other operations, and it could be performed with a less number of assistants. 8. It did not sterilize the woman. 9. All who had performed it upon the cadaver preferred it to oöphoro-hysterectomy (Porro's operation). 10. In country practice the Cæsarean section would probably be preferred to all its substitutes.

Both papers being before the Academy, the President asked Dr. W. M. Polk to open the discussion. He spoke first with reference to the position which the occupation of gastro-elytrotomy should occupy, and, second, with regard to the supposed difficulties in the performance of either Cæsarean section or Porro-Müller's operation.

First, in placing the operation, it seemed to him that it was, perhaps, a mistake to put it in direct antagonism with Cæsarean section or any of its modifications. There were fixed indications for Cæsarean section, and there were cases in which it was the only operation proper to be performed. On the other hand, there were many cases in which Cæsarean section had been performed, which might give way to gastro-elytrotomy. Beside, there were certain cases in which embryotomy had been resorted to, and in which gastro-elytrotomy might well have been performed. In brief, he believed that when the operation was properly placed it would rest between embryotomy, upon the one hand, and Cæsarean section upon the other. So far as Cæsarean section was concerned, gastro-elytrotomy could never take its place as a complete substitute. With regard to the difficulties in performing Cæsarean section, he referred to the remarks made by one of its ablest advocates, Dr. Harris, of Philadelphia, who spoke of it as a scientific operation which required extraordinary anatomical skill. Dr. Polk, however, had reached the conclusion that it was a very easy operation to perform when placed in contrast with either Porro's or Dr. Thomas' operation.

Dr. Polk then passed in review the successive steps necessary to be taken in performing Porro's

operation and Thomas' operation, and compared them up to the point at which the child was reached. In the first place, the hemorrhage in either was not liable to be excessive or beyond the control of the surgeon. With reference to Porro's operation, it was necessary to exercise extreme care on entering the peritoneal cavity, for no operator could say that he would not find a coil of intestine in contact with the abdominal wall. In performing gastro-elytrotomy, opening the peritoneum *might be avoided* in such a manner as to reach the subperitoneal space by making the incision below the reflection of the peritoneum and then pushing this membrane up from its attachments in the iliac fossa at the brim of the pelvis, and in the anterior pelvic fossa as far as the cervical wall. When the transversalis fascia was reached the further steps in the operation should be taken without the use of the knife. This could not be accomplished in the Porro-Müller operation after the peritoneal cavity had been opened. With reference to shock, Dr. Polk believed that it was much greater in the Porro-Müller operation than it could possibly be in gastro-elytrotomy.

After the vagina had been entered, the cervix being dilated, came what he regarded as the greatest difficulty in the performance of gastro-elytrotomy, and that was the tilting the uterus sufficiently far to bring the cervix above the brim to enable the accoucheur to perform extraction either with the forceps or by means of version. He believed, however, that the external incision could be continued up to the last false rib if necessary, and that it was not necessary to injure the peritoneum; making that extension gave considerable space for manipulation. It was absolutely necessary while making traction to support carefully the sides of the incision, thus removing the dangers to which the ovarian vessels would otherwise be exposed. Dr. Polk believed that there was no necessity for injuring the base of the bladder, but should it accidentally be injured harm would not necessarily follow. He also believed that it was unnecessary to injure the ureter and that there was no danger, necessarily, of injuring the uterine artery. The ovarian vessels were in danger only while making traction upon the uterus.

Dr. Polk then described at some length the method of entering the vagina, speaking of the little danger that would follow a small incision into the bladder, should it accidentally be made, and also referred to the position of the uterine artery in the pregnant and non-pregnant condition. He believed that the danger of suppuration in Thomas' operation could be overcome to a very great extent by sewing up as much as possible the upper part of the external

wound, leaving the lower portion open and introducing a drainage-tube. He thought it must be evident to all that the dangers in Cæsarean section and its modifications were very much greater than those in gastro-elytrotomy. The chief point to which he wished to direct especial attention was the position which the operation should occupy, namely, that there were cases in which Cæsarean section was the only operation which could properly be resorted to, and that gastro-elytrotomy occupied a position between Cæsarean section, on the one hand, and embryotomy on the other.

Dr. I. E. Taylor believed that Cæsarean section, when performed early, was superior to all operations which had been proposed as substitutes for it. With reference to Porro's operation, statistics showed for it more favorable results than had been obtained by gastro-elytrotomy. Thomas' operation, was doubtless a valuable one in certain cases, but peritonitis, metritis, etc., being nearly barred out by improved methods of treatment, there remained the question of hemorrhage, which was a most important one. Besides, the cervix must be dilated in some way before delivery could be attempted, and after that had been accomplished version, perhaps the forceps, and possibly embryotomy, with all its difficulties and dangers, must be resorted to. He believed that the chances of saving the mother and the child were much better with Porro's operation than with gastro-elytrotomy. Dr. Taylor discussed at some length the objectionable features of all these operations.

Dr. Skene thought it was hardly fair to compare the statistics of the older operations with the statistics afforded by laparo-elytrotomy. When laparo-elytrotomy had had equal opportunities with Cæsarean section, he thought it would then be time to bring forward statistics, and previous to that it was a misuse of statistics to quote them when comparing the two operations. He felt perfectly confident that when laparo-elytrotomy had had the same opportunity, and had been submitted to the same extensive test that had either Cæsarean section or Porro's operation there would be no question in regard to its final success. The difficulty of removing the child from the uterus, which had been spoken of by Dr. Taylor, he believed to have no foundation in fact, and that the obstruction presented was that offered by the bony pelvis rather than by the uterus. With reference to one of his patients dying with shock, as had been mentioned by Dr. Garrigues in his paper, he took exceptions, believing that the patient died from exhaustion incident to severe operations which had preceded the laparo-elytrotomy. With reference to controlling

hemorrhage in laparo-elytrotomy, it could be easily done. The simplicity of the operation, and the ability to control hemorrhage, placed it infinitely above either of the other operations with which it had been compared.

Dr. Lusk remarked that he had seen only one Porro operation, and had not witnessed a gastro-elytrotomy, and therefore his remarks would be based upon study rather than experience. With a contracted pelvis and a dilated cervix he believed that there was no operation to be compared with gastro-elytrotomy, but there were cases in which dilatation did not exist and operative interference was demanded early, and we therefore needed some alternative. Gastro-elytrotomy might finally come to meet the requirements of these cases, but when Porro's operation was proposed it seemed to meet all the indications. Porro's operation had been performed in selected cases; but despite all these advantages there had been only forty-seven recoveries and fifty-five deaths, which was rather a large mortality. Patients still died of shock, many of septicæmia, and a few from hemorrhage, and the question arose whether it was not time to relinquish the operation. Was the old classical operation of Cæsarean section deserving of the bad reputation which had been heaped upon it? Dr. Lusk then spoke of the statistics which had been gathered concerning the success of Cæsarean section in various localities, and remarked that when we turned from hospital experience to results which had been obtained in country districts there had been collected a sufficient number of cases of which complete records had been obtained to place its success above any of the proposed substitutes. The operation was performed many times, under conditions which would not be admitted for a moment when considering the propriety of either Porro's operation or gastro-elytrotomy. There was one danger in Cæsarean section, and that was from gaping of the uterine wound. But that could be overcome by closing the wound with sutures. The results had been just as good as those obtained in any of the other operations. According to Harris, in sixteen cases in which the uterine sutures had been applied there had been eight recoveries and eight deaths. Dr. Lusk then spoke of the modification of the incision which had been proposed, namely, to dissect up the peritoneum for a distance of perhaps two fifths of an inch, and then remove a melon-shaped piece from the wall of the uterus, so as to permit the peritoneal surfaces to be folded in and brought in contact with each other by sutures.

Dr. Gillette thought that laparo-elytrotomy was not to be compared with Porro's operation, either

with reference to danger or difficulty in its performance. He thought, however, that the operation had not advanced sufficiently far to be compared with either Cæsarean section or Porro's operation, or any of its modifications. He was unwilling to make the plea for Cæsarean section which had been made by Dr. Lusk. He believed that there would always remain the danger from peritonitis, and also from gaping of the wound, no matter how carefully the stitches were introduced, even after adopting the modification embraced in folding in the peritoneum. The uterus which had been opened by Cæsarean section would not contract and maintain contraction in all cases any more than would the uterus after normal labor.

Dr. T. A. Emmet remarked, with reference to Tait's operation, that he had had no personal experience in its performance. He had seen a number of cases in which it had been performed, and must say that he saw nothing else when abroad which interested him so much and at the same time puzzled him exceedingly. He saw in Tait's laboratory sixty specimens, all of which had been removed within the last eighteen months, and it was surprising to him where all these cases could come from, and what could be the explanation. Whether the condition of affairs described by Mr. Tait was more common there than in this country he was not prepared to say. Many years ago he had the opportunity to perform a large number of autopsies among immigrants, and he had never seen the condition referred to more than a dozen times. He asked more particularly as to what would be his guide with reference to performing the operation, and Mr. Tait was unable to give him any answer except that in all cases of chronic pelvic inflammation which did not get well of themselves within a reasonable time he opened the abdomen and invariably found this dropsical condition of the tubes, distended with either serum or pus. Dr. Emmet was also surprised at the success of the operation abroad, and had had opportunity to see that the women upon whom it had been performed had been very much improved by it. The improvement which had followed the operation had been something beyond conception. There seemed to be no question with reference to Tait's success, but with regard to this operation upon the broad ligament he was not prepared to perform it at present. He wished to wait a little further for additional light upon the subject.

Dr. Garrigues, in closing the discussion, said that he favored the revival of the old Cæsarean section operation as referred to by Dr. Lusk. As to excising the muscular tissue of the uterus and removing a

portion, as mentioned by Dr. Lusk, he thought that modification could only have a limited degree of usefulness. It would be an excellent resource in cases where the muscular tissue bulged so that the edges of the wound could not be brought closely together, but when the edges of the incision in the uterus could be closely coaptated, he thought it was altogether unnecessary to adopt the modification. However desirable it might be to coaptate two peritoneal surfaces with each other, the importance of which had been pointed out many years ago by Mr. Spencer Wells, he thought that it was not desirable in these cases when the edges of the incision could be closely brought in contact and held there by deep and superficial sutures. In a case which he had already reported union by first intention had taken place throughout nearly the entire extent of the wound, although the patient lived only a short time after the operation was performed.

With reference to Thomas' operation, he thought it was unfair to compare it by means of statistics with the old operation. It was well known that it had been performed substantially by Ritgen and Baudelocque, but it had been so entirely changed by Dr. Thomas that we should accept it as it now stands, and as devised and revised by Dr. Thomas, and study the results as obtained from that date.

The Academy then adjourned.—*Record*.

REVIEWS.

FOURTH ANNUAL REPORT OF THE ILLINOIS STATE BOARD OF HEALTH. Springfield, Illinois: H.W. Rokker, State Printer and Binder. 1882.

This is the Annual Report of what is one of the few State Boards of Health engaged, in addition to the ordinary sanitary work, in the regulation of the practice of medicine. What the present board has done for the state of Illinois in this particular, can only be judged by an examination of the present volume. Appended to the report proper are some interesting statistics respecting medical education. According to this report there have been organized since 1765, in the United States and Canada, one hundred and seventy-five medical educational institutions, of which one hundred and ten are still in existence in the United States and nine in Canada. The diplomas of eighty-three of the existing institutions have been presented to the Board, which has accepted the diplomas of but sixty-eight. In all, the Board has rejected diplomas of eighteen medical colleges of which eleven are extinct, and has accepted,

conditionally, diplomas of ten medical colleges, of which two are extinct. If a diploma be presented by a graduate of a college recognized by the Board, and the same be granted under suspicious circumstances, it is not accepted. There are, it appears, seventeen colleges requiring a three course attendance; of these nine are in Canada and eight in the United States; of the latter, two, the Medical Record to the contrary notwithstanding, are in Illinois. After the close of the present collegiate session no college will be recognized by the Board which does not require a three years' graded course, and a preliminary examination on the branches of a good English education. The Board has done good work, but is more or less fettered by a necessary, but somewhat evil clause admitting to practice all who have practised in the state for ten years, prior to 1877. Even on these gentry the moral influence of the Board has been good, as many of them have since graduated. The regular profession of the State have not sustained the Board as much as they should. It is too much trouble to register, and so some respectable practitioner has occasionally to be brought up with a round turn, and feels markedly aggrieved in consequence. Among the matters of interest during the year were, the suppression of the Bellevue Medical College, of Boston, an institution worthy of Buchanan in his palmyest days, and the suppression of sundry quacks, unreachable otherwise, by the aid of Anthony Comstock and the Society for the Suppression of Vice. The Board of Health, of the State of Illinois, has performed much sanitary service of value, but its greatest boon has been its cautious, skilful enforcement of the medical practice act. Profiting by the defects revealed in the Illinois act and the experience of the State Board of Health, West Virginia has been able to enact a law controlling the practice of medicine in the most thorough manner of any State. Much of the success of the Board has been due to the energy and tact of its Secretary, Dr. Reeves. Where, as already stated, notorious quacks have not been reachable by the medical practice act, by reason of the defective clause to which allusion has been made, Dr. Rauch, of the Illinois Board, has been able to drive many from the State and some into the penitentiary, with aid of societies engaged in the suppression of crime. The present volume contains the nucleus of a history of medical education in the United States, and is very able and excellent.

LABOR IN THE TREATMENT OF INSANITY.—A detachment of "harmless" lunatics from the State insane asylum for convicts in Auburn, N. Y., has

been sent under the charge of keepers to a large farm in Fleming, and set to husking corn on shares. Their share will be used to fatten swine at the asylum. The work is agreeable to them and profitable to the state, and the enterprise will probably be successful unless the "harmless" diagnosis prove an erroneous one.

MEDICAL NEWS.

TEMPERANCE AND INSANITY.—An eloquent Illinois temperance advocate turned out to be an escaped lunatic from the Indiana Asylum.

THE LATE PROFESSOR PIRRIE.—The managers of the Royal Infirmary, Aberdeen, resolved to engross in their minutes the following regarding the late Professor Pirrie. "The managers of the Aberdeen Royal Infirmary, in Quarterly Court assembled, find, with deep regret, that one name must be omitted from the list of officers of the hospital now to be re-elected. Professor William Pirrie, M.D., LL.D., who for thirty-three years was a valued member of the infirmary surgical staff, died on November 21st, 1882, and by his decease the managers are sensible they have lost one of the ablest and most eminent officers ever connected with the hospital. During the long period of his service to the charity, Dr. Pirrie was distinguished for the tender personal interest he took in the patients under his charge, and the managers are satisfied that thousands of the ailing and injured poor who, from 1847 to 1880, sought the benefits of the infirmary, were restored to health and bodily comfort through his great skill, his watchful care, and untiring devotion toward duty. In placing upon the minutes this record of the feeling they entertain regarding the late Dr. Pirrie, the infirmary managers desire, at the same time, to convey to his widow and family their warm respect and sincere sympathy."

ADEPSINE.—The *Chemical News* says: "Our attention has been drawn to a new fatty matter of mineral origin which promises to become a formidable rival to vaseline. From a document which has reached us, written in rather questionable English, we learn that adepsine is manufactured from petroleum, under the superintendence of no less eminent a chemist than Prof. Fresenius. It is sent out in three forms as yellow and white solids, and as a colorless oil of great transparency. All of these preparations are free from acidity, and are not susceptible of becoming oxidized or converted into a resinous substance by the action of the air." Adepsine is thought to have a great future before it as a cosmetic.

CONJUNCTIVAL TRANSPLANTATION.—Dr. H. L. Little of the Jefferson Medical College Hospital recently successfully transplanted the conjunctiva of a rabbit into the eye of a man who was brought into the hospital a couple of months ago suffering from a severe burn that had entirely destroyed his sight. He secured employment in a large chemical works and while handling strong sulphuric acid the fluid splashed up over his face and head, burning him terribly and suddenly, and completely blinding him. The right eye was destroyed entirely, and the left one so injured that anophthalmos resulted; the burn having destroyed most of the conjunctiva. It was decided by a consultation of the Surgeons to resort to this rare operation, with the hope of restoring the ball and lids to their normal condition, and afterward of securing sight to the injured left eye. Dr. Little, after some trouble, succeeded in getting a healthy buck rabbit, a large fine fellow of the lop-ear variety. He was fastened firmly to an apparatus used in experimenting on animals, and ether being administered to the man and rabbit, both were soon under the influence of the anæsthetic. Dr. Little, assisted by Doctors F. Hansell, Wright, and C. M. Wilson, soon had the eyelid of the man loose from its firm adhesion to the ball and ready for the new piece of conjunctiva which Dr. L. W. Fox, assisted by Dr. Ad. Hewson, had carefully and skilfully dissected from the left eye of the unconscious rabbit. The part, still warm and bleeding, was rapidly transferred to the under surface of the man's eyelid and neatly stitched to its place. He was then removed to the ward up-stairs, and in a few days the wound entirely healed.

A NEW ELECTRIC BATTERY.—Dr. Brard (*Chemical News*), of La Rochelle, thus describes his method of generating electricity: A carbon brick is formed of about 100 grammes of coal dust kneaded into a paste with tar of molasses and shaped into a mould. The mould gives the brick a pitted surface above and perforates the body of the brick. Strips of brass or copper are also imbedded in the under side of the brick to serve as an electrode for the carbon pole of the electro-generative element. The other brick consists of a mixture of three parts ashes, and another part nitrate of soda or potash melted together and poured upon the pitted surface of the carbon previously covered with a layer of asbestos paper. Strips of brass are also laid in this compound to serve as an electrode. The slab thus formed constitutes a generator of electricity when wrapped in asbestos, placed in a furnace and subjected to a very intense heat. In such an element the carbon forms the negative plate, and is oxidized just the same as

zinc in the ordinary voltaic battery, the nitrate of potash being the oxidizing substance.

GLUCOSE.—The crystallized anhydrous glucose has hitherto been obtained only from alcoholic solutions. Arno Behr, (*American Chemical Journal*) has recently found that glucose can, under certain conditions, be obtained as the anhydride in crystallized form from solutions in water. This result may be accomplished by putting some crystallized anhydrous glucose in a concentrated aqueous solution.

BOILED SILVER DOLLARS AS MEDICINE.—A colored woman in Augusta Ga., whose son was sick was visited by a colored doctor, Henry Smith, who claimed to be a graduate of Pacific College of Philadelphia. He asserted his ability to cure the boy, but said in order to do so he must have a silver dollar to serve as a pattern by which to cut out a piece of electric metal. The woman gave him the dollar and he left, returning in the afternoon. When the woman asked him for the dollar he said it was all right, he expected to return it. He must now have four more silver dollars to boil in a pot with certain herbs, as the decoction would be of no value unless the silver was cooked with it. This was two months ago, and the "doctor" has not yet returned.

DEATH FROM ETHER.—An old man, ex-justice of the Supreme Court of New Hampshire and ex-mayor of Nashua, died while being etherized for the purpose of amputating his foot on account of gangrene.

ANTIMONY POISONING.—An experiment in poisoning with antimony has been conducted by MM. de Poncy and Livon. (*Chemists and Druggists Bulletin*.) The subject was a cat which weighed about 867 grammes. Between April 26th and August 13th there had been administered to it in a regular progressive way so as to produce chronic effects, 0.628 of a gramme of the white oxide. Unlike arsenic, the antimony did not cause any plumpness. On the contrary from the very first the animal showed symptoms of ill-health. Finally, diarrhœa set in and the cat died. Dissection revealed pale and colorless tissues and fatty degeneration of nearly all the organs.

THE NEW YORK ACADEMY OF MEDICINE, ELECTION OF OFFICERS.—An election of officers occurred at the Academy of Medicine Thursday evening, January 4th, which resulted as follows: President, Dr. Fordyce Barker (re-elected); Vice-President, Dr. H. P. Farnham; Recording Secretary, Dr. W. H. Katzenbach; Corresponding Secretary, Dr. J. G. Adams (re-elect-

ed) ; Treasurer, Dr. William F. Cushman ; Trustee, Dr. Gouverneur M. Smith (re-elected) ; Treasurer of the Board of Trustees, Dr. Charles Wright (re-elected) ; Member of the Committee on Admissions, Dr. E. L. Partridge ; Member of the Committee on Ethics, Dr. H. E. Crampton ; Member of the Committee on Education, Dr. John C. Dalton ; Member of the Committee on Library, Dr. A. McLane Hamilton. On this occasion the reports of the various committees were read, and in that of the Committee on the Library it was stated that the Academy now owned more than nineteen thousand bound volumes, and five thousand pamphlets. During the year the library and reading-rooms had about four thousand visitors.

At a meeting of the Board of Estimate and Apportionment, held December 18th, Dr. Chandler asked for \$10,000 to defray the expenses of inspecting defective plumbing.

MR. LABOUCHERE, member of Parliament, lately stated in the House of Commons, " as a statistical fact, that those who wish to live long ought to sit up late."

THE title of the Review published by Keasbey & Mattison is the " Quinologist."

GOVERNOR CLEVELAND, in his inaugural message to the Legislature, uses some very plain language in regard to the emoluments of the Health Officer of the Port of New York. It appears that while the fees and perquisites of the Health Officer were very difficult of exact ascertainment, the committee came to the conclusion that the net income of that officer did not average less than \$40,000 per annum, and might, in favorable years, reach a sum upward of \$60,000.

CARING FOR HORSE HARNESS.—The average harness in the rural districts is poorly cared for. Not infrequently it is hung in the horse stable exposed to the ammonia generated from a pile of fermenting manure. The stable may be furnished at odd times with bedding or absorbents of some kind, but these are not promptly renewed, and there is great waste of the most valuable constituent of manure. The harness has the benefit of the ammonia, and the effect is about the same as washing it with lye. The harness rots, cracks, and without frequent oiling comes to grief at an early date.—*Ex.*

THE CONSUMPTION OF BEER.—It appears from official statistics that the people of the United States, during the year 1881, drank 96,000,000 gallons of beer, nearly one eighth as much as was consumed in Great Britain and Ireland, and on the Continent of Europe, and about two gallons for each inhabitant.

In the amount of money spent for the beverage, Great Britain ranks first, Germany second, and the United States third, the latter spending \$26,000,000 a year.

WM. A. SEAVER, editor of the " Drawer " in *Harper's Magazine*, died at Mt. Vernon, N. Y., last week aged sixty-nine, of acute pneumonia, after a two days' sickness.

THE appropriation for the Army Medical Museum and Library, was, on motion of Mr. Butterworth, restored to the usual amount, namely, \$10,000.

THE death of James Hurst, State Taxidermist, which occurred at Albany, December 18th, in the seventieth year of age, is said to have been caused by the absorption of arsenic used in his occupation.

DR. M. A. PALLER having resigned the chair of Gynæcology in the New York Post-Graduate School, Dr. B. F. Dawson has been appointed to the position.

EDITORIAL.

ALTITUDE AND HEALTH.—At the recent sanitary congress Dr. F. A. Russell read a paper on the improvement of climate at a slight elevation. He said that recent observations have completely disproved the rule, which only thirty or forty years ago was believed to represent facts, that temperature decreased regularly with increasing altitude. From results obtained at the various observing stations it has been found that a general agreement exists which proves that at points artificially or naturally raised above the surrounding district the range of temperature was smaller. At even a slight elevation it was not so cold in winter nor so hot in summer. It was found that at a height about equal to that of the upper rooms in a high house a more equable and drier climate prevailed than at lower levels, drier than at the seaside, and with a daily range not much greater, and much less cold on the coldest and on foggy nights than down below. The practical conclusions were that invalids and delicate persons should generally be placed in high, sheltered situations in the highest room of a house, and by no means on a ground floor ; that a climate resembling that of the sea-side, but less damp, could be obtained by living at the top of a high house ; that every house ought to be built on arches, or thoroughly ventilated below and raised on piers above the ground level ; that no house or cottage which was not ventilated underneath with damp-proof walls should be con-

sidered habitable ; and that, in the country, no house should be considered habitable of which the floor was on a level with or below the ground.

HYGIENE AND DRESS.—Dr. W. B. Carpenter (New York *Times*) recently inveighed against modern dress. The work of a sanitary institute, said he, should include not the house alone and its surroundings, but the attire of the men, women, and children who live in it. What principally attracted his ire was the stiff silk hat, the “chimney-pot.” This was declared to be one of the most idiotic of all instruments of torture. In England, a hard round hat is the prescribed head-dress for many lads. Young gentlemen of aristocratic character who walk in solemn procession had to wear such hats or lose all social position. A boy without a shiny hard hat is regarded as a snob or a vulgarian. “The custom and fashion might be unhealthy, but the votaries did not know it.” Schools ruled that boys’ brains should be bound in iron, and fashion ignored the teachings of common-sense. But as to shoes, foot coverings were worse than those used for the head. One half of the population in the civilized world did not walk on natural feet. As a child grew, its limbs taking on bulk, fashion dictated that the feet should not increase in proportion to the rest of the body. If people did not exactly imitate Chinese fashions with women’s feet, they did something equally stupid. They did their best to waste the muscles and distort the pedal bones ; they tried all they could to hamper the natural action of the ankle. A greater abomination than a high-heeled or a pointed-toe shoe could not be imagined. A “queen of society” who could not stand nor keep her balance he regarded as “a person of very weak intellect.” It was a source of dyspepsia and consumption. A woman who could not walk must be more subject to disease than one who could walk. All that could be done to thwart nature by applying ligatures to the wrong parts of the body was done. “The good sense of the English nation was abolishing at least stays from the list of articles which young girls wore, but they were too much used even now.” Then the clothing of infants was discussed. In summer fond mothers dressed their babies too scantily, and in winter too much. Fine lace looked prettier when in contrast with infantile nudity in hot weather, whereas in winter sumptuous effects could be produced upon a baby if it could be overloaded with velvet and plush. “If Parliament were to make a rule that imprisonment should follow on wearing a chimney-pot, the prisons in the whole country would be insufficient to contain those who would not give up its use.

NASAL PHYSIOLOGICAL CONDITIONS.—The nasal protuberances of the citizens of St. Louis must present some striking physiological peculiarities, to judge from the following remarks of one of their local savants : “In China they always vaccinate people on the tip of the nose, and when there is danger of an epidemic a whole city gets vaccinated at once. It is said that after the things begin to ‘take’ it is impossible for an American traveller to realize that he is not in St. Louis.

AGE OF TYPHOID FEVER PREDISPOSITION.—At a recent meeting of the Michigan State Board of Health, Dr. Baker presented two diagrams, showing for the years 1877–1880 the relations of deaths from typhoid fever to population, from which it appears that the general opinion among physicians that this disease prevails mostly between the ages of eighteen and thirty-five, and that there is little danger after forty, is not sustained by facts. A greater proportion have the disease at the ages between sixty and eighty than at any other period of life. These statistics, however, only bear out the opinions of Stokes and other authorities.

“SCIENTIFIC ALIENISTS.”—A jury of Delaware rurals, acted on by the dilettante remarks of two callow graduates from an irregular college, convicted a man who had murdered his wife during the excitement of epilepsy from which he had not recovered up to the time of receiving sentence. His mental condition was so evident that the judge refused to sentence him.

POST-SCARLATINAL INSANITY.—A case of this kind resulting from changes in the optic nerve primarily induced by scarlatina, has just been reported by Drs. J. H. Martin and J. E. Pritchard, of Baltimore, Maryland.

DANGERS OF ULTRAMARINE PAPERS.—Dr. Bernbeck (*Pharmaceutische Zeitung*) calls attention to an inconvenience resulting from the use of ultramarine in the coloring of wall-papers. He states that a room covered with an ultramarine paper was observed to be tainted by the smell of sulphuretted hydrogen, the source of which long escaped detection ; eventually, however, it was associated with the paper, and a closer examination led to the conclusion that the ultramarine on the surface, more or less in amount, was slowly decomposed under the influence of the alum in the paste used in hanging the paper. This was not long in being confirmed by the fact that a piece of paper steeped in a solution, very dilute, of alum, gave off sufficient sulphuretted hydrogen to be perceptible to the nose and to blacken lead-paper.

A NEW ANTISCORBUTIC called "amchur" is being introduced among the native soldiers in India, and promises (*Chemist and Druggist*) to be an excellent substitute for lime-juice, to which it is greatly preferred by the men, who have long used a similar compound as a condiment. It is made from green mangoes, which are skinned, stoned, cut into pieces, and dried in the sun. Dr. Clarke, Deputy Surgeon-General on the eastern frontier district, reports that amchur not only maintains the digestive energy of the men, but that its use among troops where neither a variety of food nor vegetables are obtainable commends itself strongly as a result of practical experiment to the military authorities. One ration should be half an ounce, which would be equivalent to an ounce of good lime-juice.

DYSPEPSIA.—Dr. Réclam gives a new reason (*Annales de Hygiène publique*) why dyspeptics usually find that stale bread agrees better with them than fresh bread. Fresh bread is in itself just as digestible as stale bread; but the latter cannot be so quickly swallowed, so that it becomes more thoroughly mixed with saliva. Bread, and all food consisting principally of starchy matter, is digested in the mouth rather than the stomach; which explains why the habit of swallowing it hastily leads to indigestion as frequently as the habit of swallowing meat that has been imperfectly masticated. Dyspeptics are, therefore, frequently as much to blame for their condition, or more, than their cooks or the quality of their food. Eels, sauerkraut, and other things avoided by dyspeptics, are only injurious to them because they can be, and are, so easily swallowed. This idea cannot be entirely indorsed from a physiological stand-point.

HAIR.—The *Lancet* says: "Abundant hair is not a sign of bodily or mental strength—the story of Samson having given rise to the notion that hairy men are strong physically, while the fact is, that the Chinese, who are the most enduring of all races, are mostly bald; and, as to the supposition that long and thick hair is a sign and token of intellectuality, all antiquity, all mad-houses, and all common observation are against it. The easily-wheedled Esau was hairy. The mighty Cæsar was bald. Long-haired men are generally weak and fanatical, and men with scant hair are the philosophers, and soldiers, and statesmen of the world. These statements should be taken with a great grain of allowance, as otherwise many members of the profession would have serious reflections cast on them by the reference to long hair.

TIN POISONING.—An English chemist who had been called upon to analyze several socks and stockings of a red color, which had been found to cause great irritation to the skin of the wearers, discovered the cause of the trouble in the tin salt used as a mordant in fixing the dye. He succeeded in obtaining over twenty-two grains of tin in the form of the dioxide. When acted upon by acid perspiration the tin oxide forms an exceedingly irritating compound.

NARCOLEPSY.—Dr. R. H. Porter, Louisville, Ky., has recently observed a case of what he denominates narcolepsy. The symptoms described developed in a child four years old after an attack of typhoid fever. The first indication of the trouble was the restlessness of the child, which would often have "nodding spells." These attacks of sleep gradually increased in severity and frequency until she used to have at least twenty a day, and often as many as five or six at the table while eating. These attacks only lasted for about a minute, but they were very profound and it was impossible to wake her until they passed away. On recovery the child would immediately resume whatever she had been doing, perfectly innocent of the intermission which had taken place. When the attacks would come on she would fall forward on her face, and a large tumor was produced on her forehead from the frequent contusions. A few months ago she began to have spasms in addition to the symptoms described, and became very destructive, having a desire to kill everything she came in contact with, and it required great care to restrain her. It will be obvious that the case is one of petit mal only and not narcolepsy. Latterly, the grand mal and epileptic mental symptoms have evidently developed. Under treatment the patient is said to have recovered.

PERSISTENCE OF RETINAL IMPRESSIONS.—Dr. Gorini (*La France Médicale*) having fallen asleep while reading a book, he presently awakened—when, on looking at the wall opposite his bed, which was illuminated by a lamp near him, he observed it covered with printed characters of large size, forming words regularly disposed and separated by lines like those in the book which he had been reading; not only could he see the text, but he could distinguish the annotations in smaller characters, and, though vague and indistinct, there could be no doubt that the image seen on the wall was that of the pages which he had been reading when he fell asleep. This apparition continued some twenty seconds, and in this space of time was reproduced each time, at which, after closing, he again opened his eyes. The

incident is an interesting illustration of persistent retinal impressions.

CONDENSED MILK.—Dr. Voelcher, of England (*Chemical News*), says that none of the five samples of condensed milk analyzed by him were produced from whole new, but from more or less skimmed milk. Really good condensed milk, as a matter of fact, is always made from skim-milk or a milk poor in cream. Condensed milk is not a perfect substitute for new milk, either chemically or physiologically. At the best most kinds of good condensed milk are milk sirups, consisting of condensed skim-milk and white sugar.

“AS DIRECTED.”—Doctor—“Well, Pat, have you taken that box of pills I sent you?” Pat—“Yes, sir, be jabers, I have, but I don’t feel any better yet; maybe the lid hasn’t come off yet!”

ETHNOLOGICAL DIET.—They were at a dinner-party, and he remarked that he supposed she was fond of ethnology. She said she was, but she was not very well, and the doctor had told her not to eat anything for dessert but oranges.

TAKING TEMPERATURE.—D. H. L. Taylor, New York (*Medical Record*), comes to the following conclusion respecting the relation of the temperature of the different parts of the body to which the thermometer is applied: *First.* The difference between axillary and rectal and axillary and vaginal temperatures is not constant, but averages about 1° F. in favor of the rectum and vagina. *Second.* In certain exceptional cases the temperature may be considerably higher in the axilla than in the rectum or vagina. *Third.* The difference does not seem to vary directly with the height of the temperature. *Fourth.* The difference in favor of the mouth, in buccal and axillary temperatures, averages about one half that in favor of the rectum and vagina, when axillary temperatures are compared with the latter.

ANIMALS IN THE VISCERA.—An opinion exists among the lower classes that toads and analogous reptiles can live in the viscera. These people are not necessarily insane, as such opinions are the result of defective education, and therefore in accord with their circumstances and surroundings. A case of this kind recently occurred in Chicago.

SULPHUR AS A MALARIAL PROPHYLACTIC.—M. d’Abbadie says that immunity from marsh fevers in bad tropical countries is often secured by sulphur fumigations on the bare skin. The people who work in the sulphur mines of Sicily suffer less from

intermittent fever than the rest of the population. Zephyria, in Greece, which once had a population of 40,000 inhabitants, has been almost destroyed by marsh fever, and its decay has corresponded with the transference of sulphur-mining to the east, where a mountain mass prevents the emanations from reaching the site of the town.

HÆMORRHOIDS.—Dr. Gavoy (*Recueil de Mémoires de Médecine et de Chirurgie Militaires*, June, 1882) has been very successful in the treatment of obstinate cases of hæmorrhoids by the following procedure. It consists in obtaining a refrigeration of the hæmorrhoidal vessels and an isolated hæmoplastic coagulation of the circulatory torrent. To produce this, the tumor is pediculated and a linen ribbon rolled round its pedicle. This is not tied and the resultant tumor becomes as rebounding as a rubber ball. Ice is then passed along the surface of the tumor till it diminishes in size. This procedure does not require anæsthesia, and the effects are said to be almost immediate. The pedicle should be so compressed, as this produces good results. Dr. Gavoy is of opinion that this procedure would be of value in erectile tumors.

PIMENTO EXTRACT AND ITS PRESERVATION.—Dr. P. Lardy (*L’Union Medical*, December 14th, 1882) says that when some years ago it was found that pimento extract had unique revulsive properties, it came into pretty general use, but unfortunately it had one grave defect, difficulty of preservation. Incorporated in a plaster mass it loses often in a few weeks all energy. Capsicine and alkaloid of extreme causticity has been isolated, but its properties are possessed by none of its salts. It so happens sometimes that when pimento extract is mixed with an oleaginous or resinous mass, the capsicine therein contained forms oleates, margarates, and resinsates, destitute of any action. Hence, all these acids should be neutralized prior to admixture with the pimento extract. This being done the unique qualities of pimento extract are readily available. Thapsia, ol tiglii, and antimony tartrate act slowly and produce disagreeable itching and eruptions much more troublesome than the disease itself. Sinapisms act quickly, but the effects are not permanent. Cantharides has a relatively slow but excessive action. Pimento extract occasions neither heat, eruption nor itching, but an intense redness. Its effects persist for twenty-four hours, and it therefore has been found exceedingly useful as a means of jugulating certain laryngeal and bronchial diseases. It is also useful in rheumatoid and neuralgic pains.

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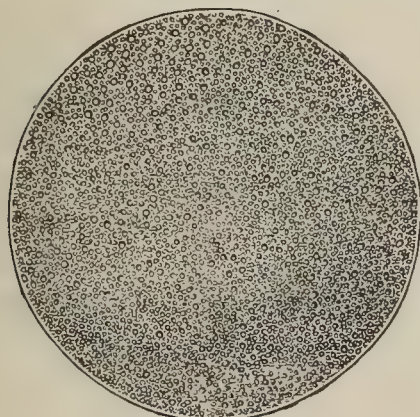
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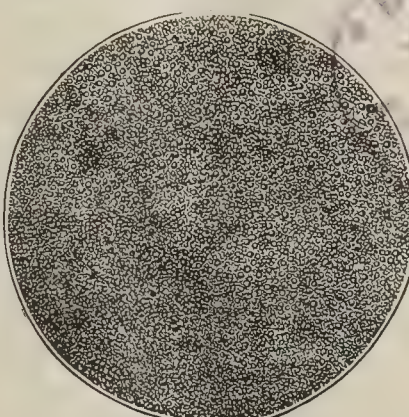
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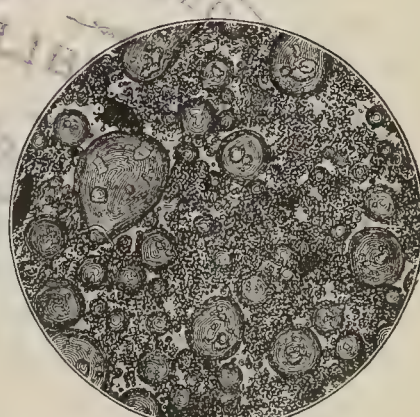
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ORIGINAL ABSTRACTS.

POST-MORTEM MOVEMENTS.—Drs. Puga-Borne and Cannone (*Journal de Médecine et de Pharmacie de l'Algerie*, September 1882), have recently studied for medico-legal reasons, the movements observed after death in the body. These consist of: First the Brownian and vibratile movements which are microscopic. The first is independent of life and the last persists thirty hours after death. Second: Movements due to cadaveric rigidity, which are produced by temporary muscular hardening, such as flexion of the thumb on the hand, or elevation of the lower jaw. Third: Movements of the elastic tissues such as retraction of the walls of the arteries. Fourth: Movements of the muscles of organic life, such as post-mortem micturition and defæcation. Fifth: Cardiac movements. Sixth: Movements of the muscles produced by contact of cold air. Seventh: Spontaneous movements in those dead from cholera. Eighth: Movements due to putrefaction. Ninth: Movements caused by direct excitation of muscular fibre. Tenth: Movements caused by direct excitation of motor nerves. Eleventh: Movements caused by direct excitation of sensory nerves. None of these indicate as is commonly believed persistence of life. Apropos of the sixth variety a comical instance of popular exaggeration of this simple fact occurred at the New York City Asylum for the Insane. A lunatic dying from phthisis was being brought down to the dead-house for autopsy. On being placed on the table slight movements were observed. These slight movements gave rise to the following story. The man sat up in his coffin and asked his bearers where they were taking him. "To the dead-house," was the prompt reply. "But I am not dead." "Well, the doctor says you are, so it's all the same."

THE AIR PASSAGES IN MEASLES.—Dr. E. Lori Budapest (*Jahrbücher für Kinderheilkunde*, Band

XIX. Heft. 1.) finds that in measles there appears in from twelve to thirty-six hours before the outbreak of the eruption, a diffuse or maculous hyperæmia of the throat, larynx and bronchial tube mucous membrane. The maculous hyperæmia is most marked on the palate, velum, and glottis. The diffuse on the tonsils and back of the pharynx. In from one to twelve hours after this hyperæmia enlarged papillæ are noticed. In other cases, soon after the exudation there occurs an extensive exudation into the mucous membrane of the pharynx, larynx and trachea with rapid exfoliation of the lining epithelium so that the same appears to be of a speckled dark red. In the larynx and trachea this process is likely to be more extended than in the pharynx. Hæmorrhages or slight ecchymoses sometimes, though rarely, occur. There is, as a rule, a more or less extended catarrhal œdema of the outer part of the posterior laryngeal wall, the apex of Santorinis cartilage, and the posterior attachment of the vocal cords. Gerhard has observed follicular œdema of the posterior laryngeal wall. This œdema may result in laryngeal stenosis. Diphtheria may, at any stage, occur; generally in the larynx and trachea, rarely in the pharynx, in which it occurs in other affections. The prognosis is good or bad as the exanthem recovers rapidly or slowly. Frequently there remains in young children an acute laryngitis. The follicular laryngitis has an unfavorable prognosis; the children ultimately develop tuberculosis. Rest in bed, regular temperature, pure air, prohibition of irritating food and drink, lukewarm inhalations of indifferent fluids are the chief indications. Lori strongly prohibits expectorants and treatment of that kind. In laryngeal stenosis tracheotomy is indicated. In diphtheritis care should be taken that the bronchi do not become affected through the too frequent use of inhalations.

SCARLATINAL AIR PASSAGE COMPLICATIONS.—The pharynx in scarlatina according to Dr. E. Lori (*Jahrbücher für Kinderheilkunde*, Band XIX. Heft. I.) is the favorite place for complication to attack. The mu-

cous membrane thereof becomes, within from twelve to thirty-six hours before the eruption, diffusely or maculously red. An intense œdema and reddening of the palate and glottis and an extensive diffused hardening conclude the alterations; which, nevertheless, often suddenly disappear with the outbreak of the eruption, or with an attack of vomiting. Not unfrequently are there remarked on the pharyngeal mucous membrane, red points which grow to the size of linseed, which from their appearance lead to the diagnosis of measles at times. On the first day of the eruption these points undergo, at times, such a transformation that the diagnosis of diphtheria can be readily made from the appearance they present. Diphtheritis has usually been regarded as making its appearance on the ninth day of the disease. Lori has found it to occur in from four to ten days after the outbreak of the eruption, or less frequently, from one to four days thereafter. Diphtheritis complicating scarlatina is distinguishable from diphtheritis in measles, or diphtheria *per se*, by the fact that it rarely affects the larynx or deeper parts, and that the membrane can be removed without loss of substance of its base. The usual consequences of such loss of substance, gangrene of the mouth and throat rarely, occur; such gangrene most frequently occurs on the skin, nates, testes, and the great cutaneous folds. Prognosis of scarlatina complicated by diphtheritis is bad, not so unfavorable with gangrene alone. Washing out the throat with alcoholic preparations yields good results.

VARIOLOUS AIR-PASSAGE COMPLICATIONS.—The upper air passages are, according to Dr. E. Lori (*Jahrbücher für Kinderheilkunde*), first affected in eruptive stage. Upon the mucous membrane appear pustules which are neither so large nor so filled out as the general eruption and which in from two to three days diminish, so that at the end of six days little red points only remain. Hæmorrhage into the mucous membrane, pustules, or into the submucous tissue of the pharynx, larynx, and trachea sometimes occurs. Diphtheritis is most frequently present during the stage of efflorescence or just after the expiration thereof. Paralysis of one or more laryngeal muscles or very severe laryngeal œdema or perichondritis may result. Later may appear stinging pain in the larynx and difficulty in speaking and breathing; soon after the reddening and swelling surrounding a pustule in the larynx. Astringents, especially tannin and punctures, will be found indicated. In laryngeal perichondritis and œdema tracheotomy may ultimately become necessary. In chicken-pox, mucous hyperæmia of the larynx or confluent pustules therein may occur.

TYPHUS AND TYPHOID. AIR-PASSAGE COMPLICATIONS.—The most frequent of these, according to Lori (*Jahrbücher für Kinderheilkunde*), is an acute catarrh of the larynx, pharynx, and trachea. Œdema of the vocal cords sometimes occurs, from which result functional vocal troubles of various kinds. Diphtheritis and laryngeal œdema rarely occur, and somewhat less frequently the paralysis of the larynx, pharynx, and trachea therefrom. These are most frequent in the second stage of the fever, as also are aphonia, hoarseness, and difficulty in breathing. The most frequent and serious complication is laryngeal perichondritis, which usually occurs in the sixth to eighth week of the fevers. The cricoid, arytenoid cartilages and epiglottis are most frequently affected. The treatment is locally astringents, and internally wine and iron, especially with paralysis.

SODIUM SALICYLATE IN TONSILLITIS.—Dr. E. Mackey, Brighton, England (*British Medical Journal*, October 14th, 1882) has had very good results in following the practice adopted by Dr. Hormazdji (Orvosi Hetilap) of treating tonsillitis caused by cold or damp, with ten grain doses of sodium salicylate every two to four hours. In the forms produced by bad air the effect of the remedy is nil, but in the "cold and damp" cases the effect is said to be almost magical.

AORTIC INCOMPETENCY AND THE CAROTID PULSE.—Dr. J. T. R. Davison (*British Medical Journal*, October 14th, 1882) has found that there is a relation between aortic incompetence and an asymmetrical carotid pulse but that when the heart is large this asymmetry does not appear. He calls attention to the fact that this may produce an element of error in the diagnosis of aortic aneurism.

HUMAN LOCHIAL FLUID.—Dr. Neil Macleod, Shanghai (*British Medical Journal*, October, 14th, 1882) has recently carefully tested by experimentation the conclusions, respecting human lochial fluid and rabbits by Braidwood and Vacher (*British Medical Journal*, February, 4th, 1882) which were that the normal lochial fluid of the fourth day after parturition is always septic to rabbits and invariably induces septicæmia in them. He shows that there were many elements of error in Braidwood and Vacher's experiment and concludes that human lochial fluid carefully collected the fourth day after parturition is not septic to rabbits, and that the human lochia do not contain septic elements under normal circumstances.

HELENINE AND THE BACILLUS OF TUBERCLE.—Dr. Korab (*L'Union Médicale*, September, 16th, 1882) has reported four experiments tending to show that

helenine exerts a marked unfavorable influence on the development of the tubercle bacillus. Dr. Korab had previously found helenine of value in the treatment of diseases of the respiratory organs.

ACUPUNCTURE IN NEUROSES.—Dr. Aven (Archives Médicale Belges) following up the suggestion offered by the well-known cases where hypodermics of water are of value in painful nervous affections, has had surprising effects from acupuncture alone. A case of gastralgia was cured by two punctures in the epigastric region. A case of nervous asthma was cured by punctures beneath the clavicle. There is but little doubt but that the physical influence was the potent agent in these cures. The punctures simply made a strong impression on the mind.

DIARRHŒA IN GASTRIC CANCER.—The theories of Brinton and Trousseau do not account for all cases in which diarrhœa occurs in patients suffering from gastric cancer. Very frequently is it that this diarrhœa, which alternates with constipation, whatever be the seat of ulceration, depends on other than anatomical causes for its production. In Dr. Raymond Tripier's opinion (*Lyon Medical*) it is of functional origin. In twenty-eight of his cases it was produced by insufficiency of gastric digestion or by an intestinal irritation, having for origin the gastric anatomical lesions. The constipation is produced by the same causes. As regards diagnosis, the gastric cancer may exist whether dyspepsia or constipation and diarrhœa show themselves alternately, without it being possible to determine the cause of these phenomena. Diarrhœa may easily lead to errors in diagnosis, more especially since it is often the only symptom of gastric disturbance. In consequence, gastric cancer may be confounded with tuberculosis, pernicious anæmia and nephritis in which diseases diarrhœa plays an important part. A colliquative diarrhœa may exist in gastric cancer from causes analogous to those just cited.

MOVEMENTS OF THE BRAIN.—Dr. K. Mays (*Centralblatt für die Medicinischen Wissenschaften*) No. 12, 1882) claims to have obtained from the observation of the movements of brain in two cases of loss of substance of the cranium, three curves by means of Mosso's method. The first corresponds to the respiratory movements and is always rhythmical. The second curve due to cardiac pulsations did not present the tricuspid type, as frequently as had been found by Mosso. The third curve was very variable, sometimes absent during several minutes and sometimes acquiring a considerable amplification. The curve corresponds to the vascular curve of Burkhardt and is modified by mental activity and slumber. In-

tellectual operations did not produce extreme oscillations, these were determined by emotional disturbance. During slumber the oscillations were either absent or slightly marked. They could be produced then by external excitations, mostly by those of an auditory.—*Nature*.

CRANIAL TREPHINING FOR REMOVAL OF PROJECTILES entering the cranial cavity is rare enough to render of interest the case reported by Galozzi of Naples (*Il Movimento Medico-chirurgico* No. 3 and 4, 1882). A man had been shot several times before entering the hospital. One of the wounds was at the posterior-inferior angle of the left parietal region. The injury was soon followed by epileptiform convulsions and aphasia. From the symptoms present Dr. Galozzi diagnosed the existence of the ball in the region of the left third frontal convolution. The ball was exactly located by means of electricity, Dr. Galozzi then trephined and removed the ball. The patient rapidly recovered. During the anæsthetic slumber the cerebral pulsations were absent and did not appear until the effects of the chloroform had subsided. The case is in many respects exceptional. The electrical apparatus appears to have been of more value than it was on this side of the Atlantic.

BELLADONNA IN TETANUS.—Dr. J. Whiteley, Wakefield, England, reports two cases of traumatic tetanus successfully treated by belladonna (*British Medical Journal*, October 14th, 1882). The drug was given in eight minim doses of the English tincture, every three hours, subsequently increased to eleven minims every two hours, and then to fifteen minims.

ORIGINAL ARTICLES.

ART. I.—ACCIDENTAL AND CONGENITAL ATRESIA OF THE VAGINA, WITH A MODE OF OPERATING FOR SUCCESSFULLY ESTABLISHING THE CANAL. BY THOMAS ADDIS EMMETT, M.D., Surgeon to the Woman's Hospital, New York.

After a review of the literature on this subject, we learn that the result of surgical interference for the permanent relief of accidental occlusion, a consequence of inflammatory action, is favorable in proportion to the extent of the vaginal tract involved, and the risk of inflammation, as a sequence, is generally in the same ratio.

We find, moreover, but few congenital cases recorded, where the canal has remained permanent after an operation, and from the frequent occurrence of pelvic inflammation or peritonitis resulting, the

operation for an artificial vagina is now universally regarded as one of a very grave character.

It is my belief, that could we learn the after history of the cases so recorded, success would prove an exception to the rule. For it has been my experience, without an exception, that the operation has eventually failed where the parts have been divided by means of the knife, in spite of every effort to keep the surfaces separated by bougies, or any other means which would be resorted to for the purpose. Without some portion of the mucous membrane has remained intact at the upper part of the canal, the plug will be gradually expelled by adhesion of the surfaces from above downward, until the original condition is attained. When a section merely of the canal has been divided, the required diameter can be preserved so long as a bougie is retained, but after discontinuing its use, the incited tissue will gradually contract, until the false passage becomes obliterated or reduced to a mere sinus.

As a result of a large experience in operating for vesico and recto vaginal fistulæ, I became impressed with the fact, that when in the preparatory operations it was necessary to divide extensive bands of adhesions, before the edges could be approximated, inflammation rarely followed a division by scissors or laceration by means of the fingers. In addition, it was observed that with less hæmorrhage, the vaginal tissue divided by scissors or lacerated, had not the same tendency to contract during the process of healing, as when separated by means of a clean cut.

I became so fully impressed with these facts, that I have for several years discarded entirely the use of the knife in all operations about the female pelvis, wherever it is possible to do so. I am aware that the impression generally received is in opposition to this experience, that the risk of inflammation, and I may add pyæmia, is lessened by laceration of the tissues, but a large number of the Profession have witnessed the practical results in the hospital, and its records will bear me out in the assertion.

By the history of the following cases, a comparison between the two modes of operating is strikingly illustrated in the result:

Mrs. B., of Newark, N.J., was admitted to the Woman's Hospital, April 27th, 1863, with a vesico-vaginal fistula following her first labor of five days' duration and delivery by forceps. Although three years had elapsed since her confinement, there had been no return of menstruation, and with extreme prostration of the nervous system, her general health had become much impaired. On introducing the finger between the labia at the depth of less than an inch, it passed directly into the bladder through a

transverse fissure, situated at the neck, about two inches in length. From the posterior margin of the fistula, the vagina was entirely occluded. Nothing definite was gained by a rectal examination beyond the fact, that pelvic cellulitis had previously existed, and the position of the uterus could not be detected.

May 10th.—With the patient etherized and lying on the back, two deep incisions outward and downward were made on each side of the fourchette, through the cicatricial band, at the outlet of the vagina. The posterior edge of the fistula was seized by means of a tenaculum, and being drawn upward by an assistant in the direction of the pubes, was put on the stretch. The vaginal tissue was then carefully divided laterally, with a scalpel, in the supposed direction of the uterus. As the canal was opened up, the thumb of the left hand of the operator was advanced so, by pressure backward, as to put the posterior wall of the vagina on the stretch, and with two fingers of the same hand in the rectum as a guide, the relative thickness of the rectal septum was thus preserved. A depth of nearly five inches was gained, when the hæmorrhage became so excessive, that a further attempt to reach the uterus was abandoned. A hollow glass plug, five inches in length by two in diameter, was introduced and retained in situ by a perineal bandage. The patient was placed in bed, and after the effects of the ether had passed off, opium was administered. For several days she suffered much constitutional disturbance, irritability of the bladder, and a feeling of soreness over the lower portion of the abdomen. The bladder was emptied by means of a gum elastic catheter, without removing the plug, as the retention was perfect in consequence of its pressure. The plug had controlled the hæmorrhage, and was not removed for several days, until it became loose by suppuration. Daily large vaginal injections of tepid water were used until her discharge.—At the end of ten days it was found, that by pressure of the vaginal plug, absorption of the tissue had gradually taken place, until the cervix could be felt through a thin septum, a little to the left and about four inches from the mouth of the vagina.

June 3d.—The septum was caught up on a tenaculum, and divided by scissors, into a small cavity in front of the neck, thus opening the vagina, which had been closed by adhesion throughout, to the cervix uteri, without actually involving the latter.

June 26th.—The artificial vagina being now healed properly, the edges of the fistula were pared by scissors, and approximated with eight interrupted silver sutures. The edges of the fistula were sloping,

as is usually the case when situated at this point, and although two inches long on the vaginal surface, receded until its actual length was not more than half so much at the entrance to the bladder. On the ninth day the sutures were removed, and with the union perfect, she was discharged cured, July 15th.

October 8th.—She was readmitted to the hospital in consequence of a gradual closure of the vagina. It was found that the original condition of the atresia existed to the posterior edge of the closed fistula, which had however remained intact, with perfect control of the urine. On the next day, the previous operation was repeated, until the os was again reached, and a glass plug of the same size introduced. During the night, she had a violent chill, and it was followed by an attack of pelvic cellulitis. The plug was removed, and at the end of two weeks she recovered, with closure again of the vagina, nearly to the original condition.

Nov. 8th.—She was examined, and it was found that about an inch had been gained. At the bottom of this canal, nearer to the base of the bladder, a small opening was detected, only large enough to admit an ordinary probe. After passing some two inches, its point could be felt from the rectum, in the neighborhood of the cervix uteri. A straight, blunt-pointed bistoury was passed along the probe as a guide, and on withdrawing it, an incision was made in the median line, to the depth of half an inch, directly through this septum, on the support given by the index finger in the rectum. A similar incision was made laterally to the right and left, thus again opening the canal to the cervix uteri, so as to admit a plug nearly two inches in diameter. The hæmorrhage was so great, that it became necessary to remove the plug and introduce a larger one into the rectum, which kept the cut surfaces in contact, and controlled the hæmorrhage. The opening gradually contracted, although the use of smaller plugs was persevered in.

Dec. 5th.—The small sinus which still existed, was dilated by a sponge tent, so as to admit the index finger, and free incisions were again made through the septum, for three inches in length.

Jan. 9th, 1864.—She returned home to recover her health, having just menstruated, after an interval of nearly four years, for the first time since her pregnancy. The vaginal surface had become well healed over the plug, which had been in use since the operation, and only removed at the time of receiving the injections.

May 25th.—She was again admitted, suffering from constant pain and a feeling of fulness in the pelvis. There had been no menstrual show since

leaving the hospital, although the menses had been regular. The use of the plug had been continued, until gradually it became impossible to introduce it without great pain. The canal was closed, through the rectum a mass, slightly fluctuating, was detected, filling up the pelvis, and with the other hand over the abdomen, the uterus was felt enlarged nearly to the umbilicus. As it was near the regular time for menstruating, she was kept in bed and under the influence of opium.

June 6th.—In the presence of some of the members of the American Medical Association, a trochar was passed from the vagina through the septum, now only an inch in thickness, in consequence of the accumulation behind. More than a quart of retained menstrual fluid was evacuated with great relief, the opening was enlarged, and the cavity of the dilated uterus washed out by injections of tepid water. After ten days the discharge all ceased. The septum now so thin, and having been freely divided, every hope of success was anticipated in keeping it open permanently. In July she was discharged, after menstruating freely, and with her general condition much improved.

She returned to the hospital, December 2d, after menstruating each month with increasing pain and difficulty. A small sinus still remained, but only large enough to admit a probe through the septum, a little over an inch thick. Its track was somewhat enlarged by a bistoury, and four ounces of retained menstrual blood evacuated. She was placed under ether, and two fingers of the left hand were introduced into the rectum, well behind the mass, as a fixed point; the index finger of the other hand was then forced through the small opening, with much difficulty. By laceration the canal was thus opened, by the addition of one finger after another, until almost as much was thus gained as previously by means of the knife. The hæmorrhage was but slight, she was kept in bed for a week, and under the influence of opium, without any bad symptoms following the operation. Early in January, 1865, she was discharged.

February 23d.—She reported herself for examination, having menstruated twice without pain. The vagina was now four and a half inches deep, the surface well healed, and with but little discharge. She was directed to continue the use of the glass plug for some time.

I lost sight of the case until May 23d, 1866, when she visited the hospital. She was in perfect health, regular, and living with her husband happily. On examination, the vagina was found well opened, its parietes soft and perfectly healed, although of a

much deeper color than natural. The plug for several months had not been worn, and only passed occasionally as a precaution.

This case is one of great interest; between May 10th, 1863, and December 2d, 1864, she had been operated on, by means of the knife, five times, and with the greatest care, gradually occlusion occurred by contraction after each operation. From December 2d, 1864, when the canal was opened by laceration, to the present time, (nineteen months,) there has been no perceptible change in the size of the vagina. It can scarcely be supposed that the canal would have remained as open had she discontinued, entirely, the use of the plug, or were she not married, but the point not to be lost sight of is, that with the aid of both, after each of the previous operations, the atresia became perfect in a few weeks.

October 27th, 1864.—Miss N., aged 18, came under my charge as a private patient. She was a slight delicate, and undeveloped child, of apparently not more than twelve years of age. There had been no attempt at puberty, and in consequence of the absence of menstruation at so advanced a period, I was consulted. The external development of the organs of generation was in keeping with her apparent age. On attempting to make an examination, I discovered that the vagina was absent, with but a slight sulcus between the labia. A sound was passed into the bladder, and the index finger of the left hand into the rectum; on an approximation, the intervening tissue was apparently not thicker than the vesico-vaginal tissue is usually found. After a careful exploration per rectum, I detected a small mass just within reach, which I supposed to be either a corner of the uterus, or the organ undeveloped.

On questioning her mother carefully, I learned that her daughter had received an injury, when about seven years of age, which proved to have had a bearing on her case. She stated that while running in a wood, her daughter had tripped over a dead limb of a tree, and in falling ran a portion of a bough into either the rectum or vagina, and in consequence, was ill a long time from "inflammation of the bowels." On separating the labia, I detected a slight depression, and at the bottom a faint cicatricial line. I determined to operate, thinking, although not always the rule, it was possible that puberty had been retarded in consequence of the obstruction.

October 30th, after a free action of the bowels, she was brought under the influence of ether, by Dr. G. S. Winston, who assisted me. She was placed on the back, the lower extremities well flexed on the abdomen, and a sound passed into the bladder, to be

held by an assistant. With a pair of scissors, I carefully cut through the cicatricial line, and with the index finger, the tissue was broken down to the depth of an inch. The advance was now made in the direction of the mass felt through the rectum, by sweeping the finger laterally to the right and left, until firmer tissue was reached. With a sound in the bladder, and two fingers in the rectum, as a guide, when it was apparent, by the sense of touch, that in either direction the relative distance was not preserved, pressure was made in the opposite direction, until a median course was regained. The tissue was readily broken down, and with little bleeding; the uterus was reached at the depth of three inches, in some ten minutes. The separation was continued beyond the cervix less than an inch, when the tissue became so dense, that it was evident at this point the peritoneal cavity had been entered, at the time of receiving the injury. The neck of the uterus was uninjured, while the vagina had been destroyed up to, and around the cervix, without involving it. The sound passed into the uterine cavity an inch and three quarters.

A large glass plug was introduced, and retained by a bandage. During the night she was so comfortable that an opiate was not required, not a bad symptom occurred, and at the end of a week, the improvement in the condition of her nervous system was remarkable. The vagina was daily syringed with tepid water, and all discharge ceased at the end of three weeks. A month after the operation she returned home, with an injunction to continue the use of the plug and injections for several months, and gradually to discontinue them, if there was no contracting of the canal.

Three months afterward she menstruated for the first time, and so rapid had been the development of puberty, that several members of the family, I was informed, who had not seen her since the operation, did not recognize her. After missing a month, she became regular, and has continued so in perfect health. I had not heard of the case again, until her mother visited me from a neighboring State, on the 25th of April, 1865, and gave me the above mentioned facts of her case since her return home.

I will now present the history of a case, in which a congenital absence of the vagina and uterus existed.

Miss K., aged 21, a private patient, consulted me, July, 24th, 1865, having never menstruated. In appearance she was tall, well formed, and apparently in good health. Since the age of sixteen, she had been subject to sick headaches, and occasionally a wearing pain low down in the back, but with no

evidence of periodicity, as indicative of a menstrual nismus. There had been no change in her general health, but during the previous year she had become nervous and irritable in her disposition.

On examining the case, I discovered an entire absence of the vagina, and by the rectum no indication whatever of the uterus. The external organs of generation were well developed, the nymphæ unusually large, and of a dark color. The meatus urinarius was quite patulous, but not so much so as is usually the case, where the vagina is congenitally absent.

The young lady, unfortunately, had been engaged to be married for several years, and her parents were exceedingly anxious that an attempt should be made to reach the uterus or settle the fact of its absence. In consequence of the warm weather, I delayed the operation until Autumn.

October 5th, 1865, in consultation with Drs. Thos. Cock, T. G. Thomas and Burroughs, she was etherized and placed on the back, with the lower extremities flexed on the abdomen. After snipping with a pair of scissors, the tissue, for nearly an inch in a vertical line, at the bottom of the sulcus, between the labia, the cellular tissue was lacerated by means of the nail and the index finger, as in the previous case.

High up in the pelvis, a thick transverse band could be felt from the rectum, as if it were a portion of the broad ligament occupying the position of the uterus, and stretching from one ovary to the other. At this point it sagged within reach of the finger. The advance in this direction was made with great care, in consequence of the extreme thinness of the septum, between the bladder and rectum. The existence of any portion of the uterus, was the main point to be settled, therefore the false passage, laterally, was not enlarged more than to admit the finger readily. After extending it to the depth of some three inches, an absence of the uterus became so evident, that in consultation it was decided to discontinue the operation. A glass plug was, however, introduced; the bleeding had been slight; she was confined to bed, and sat up at the end of a week.

The disappointment was very great, and on being questioned, if I could be positive as to the non-existence of the uterus, from the fact that it was not found in the median line, I determined to make a thorough effort to settle the point. A few days afterward, with the assistance of Dr. John G. Perry, ether was administered, and I proceeded with the operation. The false passage was still over two inches deep; this I enlarged laterally with the finger, until I reached firmer tissue, and could feel the sides of the pelvis, as in an ordinary vaginal examination. After an advance of some three inches,

I began to realize the danger of continuing the lateral dilatation to the same extent, as it was evident, from the sense of touch, that the uterus was wanting, and the tissue was not so dense beyond. An advance was continued, however, in the median line for an inch more, until I was satisfied that scarcely three quarters of an inch intervened between the extremity of a finger in the vagina and the edge of the band felt through the rectum.

Two fingers were passed into the rectum, and with the aid of a hand over the abdomen, nothing could be ascertained as to the existence of the ovaries. High up on the right side a mass was indistinctly felt, but it seemed too distant for the ovary, and there was nothing to correspond on the opposite side. My impression was, that they were either entirely wanting, or in an undeveloped state.

It was remarkable for such an operation, that the bleeding should have been so slight, and it was chiefly confined to the breaking down of the surfaces already well healed. A plug, a little over four inches long by two in diameter, was inserted.

During the night the stomach continued irritable from the effects of the ether, and she was restless, with a pulse of 108. Before daylight an opiate enema was administered, and repeated in three hours afterward. She became quiet, and twenty-four hours after the operation she was very comfortable. Beyond the use of vaginal injections and anodynes when needed, she received no further treatment. At the end of ten days she sat up, but her convalescence was tedious, so that she was not strong enough to return home until November 24th.

I saw her occasionally, in the interval, until June 15th, 1866. I then made a careful examination, both by the rectum and vagina, but there was no further indication of the existence of either uterus or ovaries. The vagina was as capacious, as at the time of returning home, after the operation; its parietes were soft and of a natural color, except on the rectal septum, about an inch from the fourchette, where I found several indolent looking excrescences, to which was applied nitrate of silver. The plug, for several months, had not been used with any regularity, and only passed occasionally at night. She was in her usual good health, free from all vaginal discharge, but still nervous and easily excited. During the next eight months there had been nothing in her condition which would indicate any menstrual nismus.

This case, apart from the interest bearing upon the subject under consideration, is an anomalous one. As a well developed female, with this single exception, without any vicarious discharge, her general

health is excellent, while there was no indication, afterward, of chlorosis, phthisis or any organic disease; the condition of her nervous system may be hereditary to a certain extent, for her mother is of the same temperament.

If the glass plug, so often referred to in the treatment of these cases, be made of the best quality of glass, a tenth of an inch thick, and open at the outer end, there need be no fear of its breaking in the vagina, for I never knew the accident to occur. The instrument has been made of various metals, gutta-percha and boxwood, but glass alone stood the test for lightness, cleanliness and the risk of poisoning by absorption from its previous use.

I have met with but two other cases, where the uterus was absent, and operated only in the single case reported. I could, however, give in detail, some ten or twelve cases in addition of accidental atresia, partial or complete, in illustration of the views I have presented. But it would be unnecessary to do so, as my object has been to present briefly, only type cases, with the treatment of them in detail, for the purpose of calling the attention of the Society to this practical point, which I am satisfied the future experience of the Profession will sustain.

The point, however, must not be lost sight of, that it is not claimed, if a mass of cicatricial tissue be divided by either scissors or by simple laceration, the character of the tissue can be thus so altered by the mode of division, that there will be no tendency to contraction, if the parts be left to themselves; the action is only not so rapid or complete. It is believed that the constant pressure of the glass plug, gradually changes the character of the structure, through the agency of absorption, or by a metamorphosis of tissue.

When incised by the knife, the surface granulates so rapidly, that it is impossible to prevent adhesion, while on the contrary, when divided by scissors or lacerated, this action is not so rapid, and we thus gain the time necessary to bring about this modification by pressure.

Why the tissue divided by a clear cut should granulate so rapidly, and become as dense as before, while by the scissors the process is slower, and a return to the original condition is not the rule, we can only explain by speculation, but the fact I think we must accept, as taught by experience.

Formerly, when these bands were divided by the knife, before the edges of a vesico-vaginal fistula, for instance, could be brought together, the preparatory operations were often a question of many months. They frequently failed from excessive

hæmorrhage at the time, or a negative result by contraction, and many cases were then regarded, in consequence, as incurable. Now, these bands are divided by scissors, as a rule, at the time of closing the fistula, with generally but little hæmorrhage, and the edges, if properly scarified, are firmly united before the surface so divided is healed, without the same tension afterward.

In conclusion, therefore, I will state, in a ratio, as the knife has been abandoned in the different operations about the female pelvis, and the use of the scissors, laceration, and the *écraseur* substituted, has the field of surgery been extended by results not obtained before.

SELECTIONS.

THE ANNUS MEDICUS, 1882. The following *Lancet* paper, so condensed, as to reduce its original size one half, will be read with great profit and interest. E. S. G.

Charles Darwin, the great naturalist, whose work, continued through a long period of bodily infirmity, has left a durable impress on the whole field of modern thought. He passed away in the Spring, at the ripe age of seventy-one, and lived long enough to see that the calm and unimpassioned, yet logical mode in which he stated his opinions, and the vast array of facts resting on unimpeachable authority he brought to support them, had converted to his doctrine many of those who by education and vocation were most disposed to ignore, scoff at, and oppose them. It is fitting to express a deep regret at the loss science has experienced. Francis M. Balfour, of Cambridge, a brilliant follower of Darwin, is also gone: it is proper here to pause and to pay a tribute of respect to the excellence of the work on Comparative Embryology, which he had only just completed, and which promises to be for a long time the text-book on this subject. The next works to be mentioned are the several splendid volumes of the reports of the scientific results of the Challenger expedition, as to the inhabitants of the deep sea, and many beautifully executed drawings of animals new to science, with descriptions by such men as Mosely and Haeckel. We have to enumerate Mr. Reeves' *Morphology*, a work of considerable originality and research. Dr. Mears has written a work on Schematic Anatomy, which is on a new principle, and presents some advantages to the learner.

The first part of a good system of Comparative Anatomy has been published by Wiedersheim, and

the first fasciculi of Treatises on Zoölogy, by Lan-
 essan and by Moquin Tandon, have been issued, the
 last, however, being a translation of a new edition of
 Claus, a work already well known. Among the
 new editions may be mentioned Quain's Anatomy,
 which has been considerably enlarged, and in which
 the Histology has been carefully revised by Mr.
 Schaefer, the Embryology and Development by
 Dr. Allen Thomson, and the Anatomy by Professor
 Thane, assisted by Mr. Godlee, rendering it upon the
 whole the most complete work of the kind in any
 language. A third edition of Professor Mapother's
 work on Physiology, revised by Dr. Knott, has ap-
 peared, and Dr. Dalton has issued the seventh edi-
 tion of his excellent Physiology, which has the rare
 merit in physiological works of being somewhat less
 voluminous than its predecessors without losing in
 clearness and precision. A second edition has also
 appeared of Harris and Power's Manual for the Phys-
 iological Laboratory. Many important papers have
 appeared in the successive numbers of the *Quarterly
 Journal of Microscopical Science*, among which
 may be mentioned Pringsheim's and Lankester's
 Researches on Chlorophyll, Klein's article on the
 Lymphatic System, Walpole and Huxley on Sapro-
 legnia in relation to the Salmon Disease, and Her-
 bert Carpenter's notes on Echinoderm Morphology.
 In the *Journal of Anatomy and Physiology* the seg-
 mental value of the cranial nerves has been discussed
 by Dr. Milnes Marshall. The cerebral sinuses and
 their variations have been described by Mr. J. F.
 Knott, and the volume issued during the present
 year contains many valuable articles on comparative
 anatomy. The *Journal of Physiology* contains
 papers by Newell, Martin, and Sedgwick on the
 mean pressure and the characters of the pulse wave
 in the coronary arteries of the heart settling the
 question in favor of those who believe that the coro-
 nary arteries are injected during each systole of the
 heart and not during the diastole, and also an excel-
 lent paper by C. S. Roy, showing that the spleen
 performs rhythmical contractions independently of
 cardiac and respiratory movements.

In the "Leçons sur les Modifications du Sang,"
 in which the changes presented by the blood under
 the influence of various remedies and therapeutic
 agents has been carefully investigated, Georges
 Hayem has made a substantial addition to our knowl-
 edge of this fluid. By giving a table of the num-
 ber of blood-corpuscles in a cubic millimetre, cor-
 responding to every number from 40 to 270 of blood-
 corpuscles counted in a square of a hæmatocyto-
 meter, he has materially facilitated all calculations of
 the absolute number of the blood-corpuscles.

Malassez has specially discussed the development of
 the red corpuscles in the medulla of the bones, and
 Mayet the spontaneous changes undergone by the
 colored corpuscles preserved in plasma without access
 of air; while Alexandre Schmidt has contributed to
 Brown-Séquard's *Archives* a *résumé* of the researches
 made under his direction at Dorpat upon the phys-
 iological and pathological action of the leucocytes
 of the blood, in which he still continues to maintain
 that the white corpuscles contain a ferment that
 plays an important part in the act of coagulation,
 and having separated this ferment he shows its
 effects when injected into the economy. Cadet,
 Bizzozero, Hart, and others have occupied them-
 selves with the bodies named hæmatoblasts and with
 Dr. Norris's third or transparent corpuscles of the
 blood, with the result of showing that they are
 probably ordinary corpuscles partially deprived of
 their coloring matter or hæmoglobin. Bizzozero
 has suggested an instrument to which he has applied
 the name of hæmatocytometer in which the inten-
 sity of color and the degree of opacity are measured
 by the different thicknesses that must be given to a
 solution, or to a blood mixture, to reproduce a cer-
 tain optical effect; the imitation of a test solution
 for color and the disappearance of a luminous point
 situated at a certain distance for the opacity.

Careful observations made by Vignol in Ranvier's
 Laboratory seem to have demonstrated that in the
 lower vertebrata the heart possesses a local motor
 and a local inhibitory centre.

Duclaux has written a work on ferments and their
 relation to disease. In this he treats of the nutrition
 and development of microscopic organisms, and
 gives some remarkable facts bearing on their
 growth. Thus, in the case of the aspergillus a
 sixteen hundred thousandth of nitrate of silver is
 sufficient to arrest its growth, while it will not grow
 in a vase of silver, though the quantity of metal dis-
 solved is totally inappreciable to chemical tests.

The obscure subject of the dilatation of the blood-
 vessels under the influence of the nervous system
 has been treated of at great length and with much
 ability by MM. Dastre and Morat, who have satisfied
 themselves that it is in most, if not in all instances of
 a reflex character, the centre being in the spinal cord
 and medulla oblongata, the sensory being the affer-
 ent and the sympathetic nerves containing the effer-
 ent fibres, which directly induce the dilatation, and
 which emerge from the cord by the anterior roots
 of the spinal nerves, and then associate themselves
 with the sympathetic.

Dubar and Remy have studied the phenomena of
 absorption by the peritoneum, and have shown that

albumen in solution is absorbed by the peritoneum without producing apparent change in that membrane, that the albumen so absorbed does not accumulate in the serum of the blood, and that it is well borne and inoffensive. They have further endeavored, by means of the injection of coloring agents, to follow the course of the absorbed material. The histology of the mammalian gastric glands and the relation of pepsin to the granules of the chief cells has been worked out by Langley with much success.

Honigsberg has compared the digestibility of meat in various conditions in artificial gastric juice and finds that with an artificial gastric juice composed of five grammes of Witte's pepsin, dissolved in 1000 cubic centimetres of water acidulated with one part of hydrochloric acid, raw meat yields 39.7 per cent of peptone, boiled meat 26.6 per cent, and roast meat 48.0 per cent. The action in the stomach itself is undoubtedly far more complete, but the experiment is in favor of the digestibility of well-roasted meat. Schulze and Barbieri have demonstrated the presence of peptones in the juices of various plants, as in the potato and beet.

Vella has made intestinal fistulæ, and then injected pilocarpine subcutaneously, which he finds possesses a remarkable power of inducing secretion of the intestinal juice. Experiments made with the juice so obtained emulsified fats, converted cane sugar into grape sugar, and digested proteids. It acts, however, differently from gastric juice on muscle. Gastric juice dissolves the perimysium first, and then the primitive fibre; while intestinal juice attacks the fibre first, and leaves the perimysium intact.

Goltz has continued his researches upon the brain, and shows that injuries of a severe character to the vertex (convolutions) of the brain in dogs produce not only diminished intelligence, but a remarkable change in their psychical character, harmless and good-tempered dogs becoming snarling and morose; while, if the occipital lobes are damaged, the animals preserve their good-tempered character, but their intelligence becomes much more seriously impaired.

Merschewski has experimented on the functions of the olivary bodies of the medulla oblongata, and has shown that after deep injuries to them rolling movements toward the injured side occur with nystagmus of the corresponding eye. He believes that they stand in close relations with the functions of the cerebellum. The structure of muscular tissue has been investigated by Hippolyte Martin, who regards the muscular fibril as composed like an amœba or rhizopod, or leucocyte of granular proto-

plasm, but affecting the form of cylindrical rods, in which the proteic granules are of several species, and arranged in a determinate order.

The duration of the latent period of the "tendon reflex" in the healthy adult has been carefully measured by Eulenberg in healthy adults, and found to vary but little from 2.62 of a second. He regards it as something more than a mere reflex phenomenon, and endeavors to prove that it is of a complex nature. De Watteville appears, on the other hand, disposed to regard it as a direct contraction.

A very complete treatise has been published on the physiology of the muscles and nerves by M. Richet.

We must not omit to mention that Professor Burdon-Sanderson has been offered, and has accepted, the important post of Professor of Physiology at Oxford.

PATHOLOGY.

In the department of pathology the year that is closing has been, on the whole, infertile. The lectures on Inflammation by Dr. Burdon Sanderson, and on Pulmonary Cavities by Dr. Ewart, deserve especial mention. Abroad, bacteria still absorb the energies of the pathologists of Germany and France, and the importance of the study has been sufficiently attested by the brilliant investigations which have added a new "household word" to the literature of pathology. Few recent discoveries have created a wider and more profound sensation than that of the tubercle bacillus, for which Koch certainly deserves the high credit he has received, although the discovery had been worked toward by many investigators, and was made independently by Baumgarten. The organisms of tubercle have given pathologists in all countries abundant work. In other departments of bacterial pathology some new facts have been supplied, fewer in number, however, than in preceding years. Among them may be mentioned specially the researches of Birch-Hirschfeld on the organisms associated with syphilis, and of Keating on those of measles, although the latter are scarcely more than a corroboration of the half-forgotten observations of Vacher and Braidwood. Of especial significance also is the fact announced by Fehleisen, that the organisms of erysipelas are capable of giving rise to the disease after their separate cultivation. The remarkable observations of Laveran on the organisms which apparently constitute the active agent in the production of malarial disease, have been this year confirmed by Richard, and may perhaps excite more attention than they have hitherto received. Re-

garding other specific diseases the chief researches to note are those of Popoff on the changes in the brain in typhoid fever, and those of Elsenberg on the alterations which are produced in the salivary glands by rabies. In the region of general pathology, the subject of inflammation has been little studied. Besides the lectures of Burdon Sanderson, already alluded to, the most important researches are those of Spina, on the morphological changes presented by protoplasmic elements in the tissues, which have not the form of cells. Zuntz has investigated the cause of the increased oxidation which occurs in pyrexia, and believes that the facts he has ascertained regarding the action of curara must, to some extent, alter our views of the process. The subject of septicæmia has been somewhat neglected during the past year, and the work which has been done only serves to show how much more is needed. The experiments of Rosenberger, for instance, suggest that the relation of bacteria to this condition may be secondary and not primary, and are of special interest in connection with the facts which Rossbach has published, which apparently prove that, under certain circumstances, the organisms always present in the body may be the source of those associated with septicæmia. The general pathology of the blood has attracted little attention, nor can we expect new facts until there is more agreement regarding its constituents. We must not, however, omit to mention the researches of Hayem on the processes by which hæmorrhage is arrested, and on the peculiar "hæmatic crises" which occur during the course of many acute diseases. Apart from the question of its relation to bacteria, the pathology of tubercle has been the subject of many researches, and among those which deserve mention are that of Chiari on the hyaline metamorphosis which tubercle undergoes; the laborious investigations of Arnold on the minute structure of tubercle in various organs; the studies of its formation in the thoracic duct by Stilling, and in the veins by Weigert, and in the synovial sheaths of tendons by Terrier and Verchère. The facts described by Tappeiner regarding the production of phthisis in dogs by the inhalation of tuberculous sputum have been confirmed by Weichselbaum, although no new evidence of the contagiousness of phthisis in the human subject has been adduced. The observation of Friedländer may be regarded as demonstrating the frequent occurrence of organisms in connection with croupous pneumonia, although it still leaves undetermined their precise relation to the disease. The etiology of gastric ulcer has been studied experimentally by Aufrecht; the cause of the jaundice of newly born

children has been investigated in a most able and thorough manner by Birch-Hirschfeld. No observations on the gastro-intestinal tract are more important than those of Nothnagel on intestinal catarrh and atrophy, which, although undertaken from a clinical stand-point, are of great pathological interest. The occurrence of compensatory hypertrophy of the kidneys has been demonstrated by Ribbert; and the researches of Aufrecht have thrown considerable light on the pathogenesis of renal cirrhosis. Lastly, in what may be termed toxicological pathology, the most important investigations have been those of Cornil and Brault on the effects of arsenic and phosphorus, which have shown the identity of the changes produced by the two agents.

THERAPEUTICS.

In the department of therapeutics there are many indications of vitality and of distinct reaction from that scepticism as to the use of medicine which followed, as effect follows cause, the rise and fall of homœopathy. The demonstration afforded by this exploded system, in its simplicity, of the strong recuperative powers of the system, naturally led physicians to question whether medicine could not be dispensed with altogether. But the answer to this question is no longer doubtful, and makes it clear that that practitioner will be at a great disadvantage who does not study the latest evidence on the physiological and therapeutical action of medicines. The growing care in investigating the action of drugs, and, we may add, the growing perfection of chemistry and of pharmacy, have shown that the most specific effects may be produced by drugs which a few years ago were not known to exist—witness the case of pilocarpine, of hamamelis virginica or its active principle hazeline, resorcin, etc. The old physicians used to speak of the effects and uses of opium, but recent chemistry and therapeutics have resolved opium into nearly a dozen substances with entirely distinct physiological effects, and capable of the most various use in the hands of the physician. This year has witnessed the introduction of a substance not originally in opium, but resulting from the action of hydrochloric acid on morphia—apomorphia. Few of the books on materia medica published this year contain any notice of it. Its use—for the discovery of which the profession is indebted to Dr. Gee—is that of an emetic to be introduced hypodermically. But it is in the smallest quantity powerfully effective. The stimulating effect of fifteen minims of rectified ether administered hypodermically, and repeated, seemed to determine a favorable issue in a case of

aconite poisoning. The hypodermic administration of the active principles of purgatives does not promise to supersede the ordinary use of laxatives. The antidotal action of the alkaline sulphates in poisoning by carbolic acid was illustrated by a case in the Royal Southern Hospital. Though some antiseptics are themselves shown to be capable of serious poisonous effects, the antiseptic and germicide theory still dominates therapeutics, not only in surgery but in medicine. The local use of boracic acid dissolved in glycerine and water in diphtheria, is a case in point. Another case in point is the use of enemata of carbolic acid in typhoid by the successful administration of salicylate of soda in scarlet fever, and the use of salicylic acid in typhoid by M. Vulpian, reported to the Académie Médicale. The use of salicin and salicylates in acute rheumatism was the subject of a most elaborate series of papers. These remedies emerged from the discussion with enhanced reputation. The report of the committee of the Clinical Society on Rheumatic Hyperpyrexia, though chiefly clinical in its bearings, affirms the value of the prompt and early use of cold. The therapeutics of intestinal obstruction, not due to coarse mechanical conditions, are advanced by experience of the action of hyoscyamine, and by a growing use of belladonna, in cases where opium has failed or is contra-indicated.

SURGERY.

The records of surgery during the past year are not marked by any striking novelty or great advance. Sir Henry Thompson has recorded some instances of removal of tumors of the bladder through a perineal incision; and he advocates an exploratory incision in cases where the diagnosis is doubtful. He has also added another list of one hundred and one cases of lithotomy to the already large number recorded by him. Calculi have been removed from the kidney through a lumbar incision by Mr. Beck and Mr. Butlin, and other surgeons have recorded cases in which the kidney was examined with a needle through a lumbar incision without discovering a calculus; and it has been shown that this operation is practically free from risk. A considerable number of nephrectomies have been put on record by surgeons at home and abroad. A somewhat allied subject—*i.e.*, splenectomy in cases of leucocythæmia—has been discussed; the argument of facts seems at present to be conclusive in condemning this proceeding. Whitehead's method of excision of the tongue has been practised and commented upon by several surgeons; there has been some diversity in the expression of opinion. A novelty in the treatment of empyema has been suggested by Mr. R. W.

Parker, who proposes to introduce purified air by a second puncture during thoracentesis to replace the fluid which is withdrawn; but little opportunity has at present offered of putting his suggestion to the test of experience. Mr. Thomson, of Dublin, tied the innominate artery, and it appeared for a time as if the case were likely to prove successful; but this hope was not realized. Mr. Holms recorded a list of cases in which the theca vertebralis was injured. Mr. Gould and Mr. Clutton have again raised the question of the treatment of spina bifida by reporting successful cases in which Morton's method had been employed. A warm discussion has been carried on with respect to the merits of the different anæsthetics commonly employed. At present the balance of opinion *seems to be* in favor of ether, but there are not wanting surgeons of high authority who maintain that we have not yet heard the last of this question. Several new materials have been introduced during the year as dressings. Among the materials referred to may be mentioned the boroglyceride of Professor Barff, and the salicylic silk of Mr. McGill of Leeds; while the dangers and advantages of iodoform have also been brought prominently forward.

OBSTETRICS AND GYNÆCOLOGY.

In the department of Obstetrics and Gynæcology the year has not been unproductive. Extra-uterine pregnancy, and its treatment by abdominal section, has been discussed, while its treatment by electrolysis has been shown to be in some cases attended with satisfactory results. Matthews Duncan has collected a number of cases of puerperal diabetes, and written the history of that perhaps "new and rare disease," in so far as it is at present possible. A new work on Midwifery by Lusk, and new editions of Playfair and Spiegelberg's well-known works have appeared during the year. Lacerations of the cervix and Emmet's operation have been discussed, but we remain much in the dark with regard to the place occupied by these lesions in the production of suffering. The operation is regarded by some as one of the greatest and most beneficent additions to modern surgery, while others regard it as unnecessary meddling. Battey's operation has attracted a good deal of attention; some operators appear to meet with a large number of cases which call for its performance, while others see such cases extremely rarely. Garrigues has written an elaborate paper on the Diagnosis of Ovarian Cysts by means of the examination of their contents. Vedeler has published statistics on a large scale showing the position of the uterus in healthy women, and these appear to have

proved most damaging to the views of the mechanical school of uterine pathology. Herman also issued a paper on backward Displacements of the Uterus, in which he attempted to show on anatomical and clinical grounds that retroflexion and version, as such, were of no consequence. All this appears to point to the conclusion that the mechanical view of diseases of the uterus will in the future be tested with far more severity than hitherto, and that if it is to maintain its hold on the profession, more, and more scientific, evidence in its favor will be demanded. There are not wanting signs, both here and in America, that this view has been developed to its utmost limits, and that the pendulum is about to swing in an opposite direction. Dr. Fordyce Barker read an excellent paper on Leucorrhœa, its constitutional causes and therapeutics, before the American Gynæcological Society, which is of the highest value, and which is sure to have a healthy influence on specialism in gynæcology.

OPHTHALMOLOGY.

The completion of the great work of Graefe and Saemisch on the Anatomy, Physiology, and Pathology of the Eye, which is an encyclopædia in itself, seems to have practically prevented the appearance of any large work during the past year or two either in this country or abroad. The only exceptions we have to record are the systematic treatise on Diseases and Injuries of the Eye, by Dr. Wolfe, of Glasgow, which is a good text-book, and is illustrated by many colored lithographs. Mr. Nettleship of London, and Dr. Williams of Harvard University, have published new editions of their useful works, bringing them well up to modern knowledge, Dr. Williams' work being so much enlarged as to be practically a new treatise. The histology of the optic nerve has been studied by Dr. Bergen, who has been unable to discover the direct communication observed and described by Leber, between the capillaries of the optic nerve and of the choroid. Robinski has investigated the structure of the lens; Aeby, the histology of the canal of Petit, and the Zonule of Zinn; Preiss, the lymphatics of the cornea; Wolff, the nerves of the cornea; Heisrath, the drainage system of the anterior chamber of the eye. Charpentier, has contributed some papers on the differential sensibility of the eye, and he, Jaeger, Magnus and others have written on the sense of color. The use of the spray in operations on the eye seems to be spreading both in France and Germany. It will probably prove useful in cases of enucleation and abscission, but it is not well adapted for cataract operations nor for iridectomy. Many

papers have been published on purulent ophthalmia, notably those of Haussmann, Abadie, Bailly, and De Wecker, and evidence appears to be accumulating that cases of blennorrhœic and gonorrhœic ophthalmia, and of suppurative keratitis, are in many instances attributable to, or, at least, are associated with the presence of certain micrococci and spores of fungi, such as the aspergillus, a subject that has been well worked out by Leber of Berlin. The employment of homatropin as an agent capable of effecting dilatation of the iris, without the persistent effect of atropin, has come into general use, and pilocarpine has been shown to be not only a valuable and effective remedy in various diseases of the eye, but that it is an excellent antidote to the effects of atropine. Knapp has collected a series of interesting cases in which foreign bodies have been tolerated in the fundus oculi, showing that it may not always be requisite in such accidents to proceed at once to enucleation, especially if the foreign body be small. Fedor Krause has given a good account of the pathological changes occurring in sympathetic ophthalmia, showing that the changes proceed chiefly along the ciliary nerves. Dr. Ayres has written a paper on the same subject, recording cases which seem to show that the changes are progressive along both the optic and the ciliary nerves.

MEDICO-LEGAL CASES.

The year 1882 has not afforded many cases of very exceptional interest in the domain of medical jurisprudence. The humiliating circumstance of the conviction and execution for murder of a member of the medical profession will, however, cause the past year to be held in bitter remembrance. The circumstances of Lamson's crime need not be recapitulated, how for the sake of gain he administered aconitia to his brother-in-law in a gelatine capsule, and how the crime was clearly brought home to him by the aid of chemical and physiological tests. The satisfactory way in which the alkaloid was detected by Dr. Stevenson and Dr. Dupré will effectually tend to deter miscreants of a similar type to Lamson from using this lethal agent for the future. The conviction and execution of Guiteau for the murder of President Garfield must be regarded as just, *in spite of the preposterous attempt to prove the murderer insane.*

CONCLUSION.

Now we leave 1882, wishing our readers all happiness in the coming year and inviting their co-operation in perfecting the art and science of medicine, with which the well-being of mankind is seen to be more and more inseparably connected.

SCIENCE IN THE SICK-ROOM. A PAPER THAT EVERY PHYSICIAN WILL READ AND RE-READ WITH PLEASURE, AND KEEP FOR REFERENCE. The following article, by Clara S. Weeks, and appearing in the *Popular Science Monthly*, is published with great pleasure. It has been very little altered, and is in all respects excellent. Every physician should have it read in the sick-room.

E. S. G.

There is no subject of more general interest than this. There are few, especially among women, upon whom will not devolve, at some time in their lives, the care of the sick; fewer still who will not at some time become dependent upon such care; and it might naturally be supposed that matters of such universal importance as sanitary conditions and the practical application in the sick-room of scientific principles would be too familiar to every one to need to be further enlarged upon. But the fact is, it too frequently happens that all the scientific knowledge which ever enters the sick-room comes in with the doctor, and goes out again with him.

This state of things requires to be improved. Knowledge, and that correct knowledge which we call science, is just as indispensable to the nurse as to anybody. It is a great mistake to suppose that all women—even all good women—make good nurses. The best intentions and the tenderest heart may coexist with an utter lack of executive ability, and be more than counterbalanced by ignorance and prejudice. Native aptitude gives advantage, but it cannot be relied upon alone. Even those who possess in the highest degree the natural gift of a ministration which renders them acceptable to the invalid would find their power of usefulness very largely increased by a familiarity with what may be properly called the science of the sick-room. Physicians are recognizing more and more the importance of hygienic agencies in the treatment of disease, and with this there has come an urgent call for the scientific instruction and practical training of those who are to take charge of invalids. Science explains the conditions upon which the art of the nurse depends, and lays down principles which cannot be violated without injury; but it is not at all necessary to make a parade of technical language in stating its requirements. It is the object of the present article to furnish a few simple directions for the care of the sick that have the warrant of practical experience.

The first thing to be considered is the room itself. And the proper time to consider it is when you build your house. But, as most of us are forced to be content with houses already built, and built with no reference in the mind of the architect to the

probability of illness among its inhabitants, it is only left for us to see how we may best avail ourselves of such conveniences—or inconveniences—as we may chance to have. There is always, at least, a choice of evils.

The sick-room should be on the sunny side of the house, and have a plenty of windows. Only in exceptional cases, such as inflammation of the eye or brain, is it necessary to have the room darkened, and even then a south room, with the light carefully moderated by blinds and curtains, is to be preferred to a darker one on the north side. In the majority of cases, light, and not only light, but direct sunshine, is to be desired; not only for the additional cheerfulness which it gives, but because of its actual physical effects. Sunlight is a powerful remedial agent. You put the drooping plant which you wish to restore to vigor in the brightest, sunniest spot in your house. Do the same with the feeble and sickly human being for whose improvement you are so anxiously looking, and you will derive similar beneficial results.

The sick-room should be, as far as possible, remote from the noises of the house and of the street. If, as is sometimes the case, this desideratum is quite incompatible with the last-named, still, except where there is great nervous irritability, give the preference to the sunny side, even at some loss of quiet.

Noise which is understood and inevitable is far less annoying than would be a much slighter noise, unexplained or unnecessary. Intermittent is more hurtful than continuous noise. Sudden, sharp, and jarring sounds are especially to be avoided. Manage, if possible, to have the room over your patient unoccupied. Modern houses are so slightly built, and their vibrations so trying, that, unless you can so arrange, you will often find it better to put your patient at the top of the house, in spite of the fatigue of the stairs.

Many slight and apparently unimportant noises, which are nevertheless peculiarly annoying to the sensitive nerves of the sick, may easily, with a little care and forethought, be entirely done away with. If you have coal to put on the fire, bring it in wrapped in paper, and lay it on, paper and all. Oil the hinges of creaking doors. Fix wedges in rattling windows. Keep rocking-chairs out of the room. Avoid wearing clothes that rustle or shoes that squeak. Do not whisper, either in your patient's room, or just outside his door. A low, distinct tone, when conversation is necessary, will seldom annoy. Whispering always will, as will any sound which creates strained attention or a sense of expectation. If you have anything to say which you do not wish

your patient to hear, say it somewhere else than in his presence. Avoid striking the furniture, or bed. Nurses and visitors should be strictly controlled by the physician: they should be quiet and gentle; avoiding movement of person, and especially of the extremities. Conversation and reading for the patient should be guided by the physician.

The first and greatest requisite in a sick-room is purity of air. This is only to be attained by constant and thorough ventilation. Ventilation is the displacement of impure by pure air. To secure this, there should be two apertures to the room, one for the egress of the foul air, and one for the admission of fresh air. The best possible arrangement is that of an open window and an open fireplace. If you do not wish a constant fire, keep a lamp burning at the mouth of the chimney to create a draught. Arrange a blind or screen so that the air will not blow directly upon your patient, and you may keep the window open day and night without danger of chilling him. Do not make the common mistake of confounding cold air with pure air. You may keep the room at any desired temperature, and still have the atmosphere perfectly fresh; or you may lower the temperature to any extent without removing a particle of the poisonous impurities with which the air is laden. Keep your patient as warm by means of external appliances as his comfort demands, but never shut out the fresh air. Fresh air can only come from the outside of the house. Opening a door into a passage or an adjoining room, itself imperfectly aired, is not ventilation. Fresh air may, however, be admitted to the sick-room through an adjoining apartment, first thoroughly ventilated. This is sometimes the best method of procedure. It requires, of course, more care to keep a small room well aired, without objectionable draughts than a large one.

Stationary basins should never be used in the sick-room. The perfect system of house-drainage has yet to be invented, and the danger from leaky and defective traps is so great that the only safe way is to avoid them altogether. If you have such arrangements in the room which you propose to devote to your invalid, cork up the overflow holes—or, better, stop them with plaster-of-Paris—and fill the basin with water, which must be changed from time to time, and cover it entirely with a cloth-covered board. The increased healthfulness of the atmosphere will more than compensate for the extra trouble which will be occasioned by adherence to this precautionary measure.

No cooking should ever be done in the sick-room. Neither should damp towels nor articles of clothing

be aired and dried there. All excreta should be promptly removed. Upon attention to these details depends that which should be the first care of every person in charge of the sick—that the air they breathe should be as pure as that outside.

The room, then, which is selected for an invalid should be sunny and quiet, with the best facilities for ventilation and warmth, and without sewerage.

In the arrangement of the room, the same regard for the comfort and welfare of its occupant should be maintained.

The bed should be in the lightest part of the room, far enough removed from the wall to allow of a free circulation of air around it, and to be easily accessible from both sides. It should be so situated that the patient can see out of the window. If he can have a view from two windows, so much the better. Few people who have not experienced it can realize the weariness of mind which arises from long confinement to one set of interior surroundings. One has but to spend a few days in one room to become painfully familiar with every petty detail of its furnishing, and such variety as may be obtained from a glimpse out-of-doors will often afford an infinite relief.

It is frequently recommended that all superfluous and merely ornamental articles be removed from the sick-room, as useless incumbrances, only affording so many additional lodging-places for dust; but, unless you are dealing with a contagious disease, it is better to spend a little more time in the removal of dust than to leave the sufferer with only the bare walls to gaze at, and nothing visible to vary the monotony of his thoughts. That a carpet or wall-paper of set pattern, or anything else presenting regularly recurrent figures, is objectionable, does not need to be suggested to any one who has ever been beset by the counting and classifying fiend who so often takes possession of the invalid left with no occupation for his vacant mind beyond such as is suggested by the objects within his limited field of vision.

Let the room be as cheerful as possible in its aspect. Flowers are quite permissible. Growing plants during the day are better than flowers. The latter must be removed at night and as soon as they cease to be perfectly fresh.

There should be no medicine-bottles or medical appurtenances of any kind in sight. They belong in the closet, and should be kept there, except when in actual use.

A thermometer is indispensable. Never permit yourself to judge of the temperature of the room by your own sensations, or by those of your patient. Hang the thermometer as nearly as possible in the

centre of the room—at all events, neither against a chimney in use nor on the outer wall. The one will be hotter and the other colder than the mean temperature, which is what you wish to have registered. This should be, unless you have contrary orders from the physician, about 68° to 70° Fahr.

The necessity for absolute cleanliness can not be too strenuously insisted upon. Dusting can only be efficiently done with a damp cloth. The ordinary methods in vogue simply serve to transfer the dust from one spot to another. Removal, not distribution, should be the object in view. The room can only be thoroughly swept and cleaned when the patient is moved out of it for a time; but the dust may be removed from the carpet quite effectively and noiselessly by means of a damp cloth wrapped around a broom.

Not only for the sake of appearances, but from more directly hygienic considerations, are cleanliness and order to be regarded.

Upon the proper arrangement and care of the bed will largely depend your patient's comfort. This should be low and narrow enough for you easily to reach him from either side. The bedstead should be of iron or brass, with springs of woven wire, permeable by the air in every part. This is the only kind which you can be sure of keeping thoroughly clean. On this should be a hair mattress, never a feather bed. Make the under sheet as tight and smooth as possible, and take especial pains to keep it thoroughly dry and free from wrinkles, crumbs, and other inequalities. Neglect in this particular will give rise always to much discomfort, and sometimes to serious troubles in the form of pressure-sores—which are extremely difficult to cure, but nearly always preventable by care. Very heavy or very much emaciated patients, and those suffering from affections of the brain, are particularly liable to these. It is often advisable, especially where a bed is prepared for long occupancy, to put over the under sheet one of rubber, covered with a second under sheet, or draw-sheet. This can be easily and frequently changed with but very slight disturbance to the patient. The bed-coverings should be such as are warm without being heavy, as weight is often oppressive. In some cases even slight pressure is unendurable. The weight of the clothes may then be supported by a wooden framework underneath.

All bedding should be frequently renewed, and always well aired and warmed before being used. If you have a patient entirely confined to bed, it will add greatly to his comfort if you can give him two beds, each provided with its own complement of sheets, blankets, etc. Let him occupy one during

the day, and be transferred to the other for the night. If they are of equal height, this can be easily done, if they are not, make them so, and the smooth, fresh condition of the unused bed will do more than any narcotic toward securing for him a good night's rest.

To prop a patient up with pillows, begin by slipping one as far down as possible against the small of the back. Put the next and succeeding ones each behind the last; this will prevent them from slipping. Aim to raise the head, and support the shoulders without throwing them forward so as to interfere with the free play of the lungs. Two or three small pillows, which can be moved from place to place as occasion requires, will be found of great service.

About the person of the patient, no less than about his room, labor to secure the most scrupulous cleanliness. Neglect of this too often arises from a fear that the patient will take cold; but it entails a greater risk than this to leave him in clothing saturated with morbid effluvia, and with the pores of his skin clogged by the noxious products of disease. No patient is ever too ill to be kept clean. If proper precautions are used and unnecessary exposure avoided, no danger need be apprehended.

The proper administration of food is the great problem of the sick-room. There must be due regard to the kind, quality, and quantity, and to the time and manner of giving it. The kind of food to be given is to be prescribed by the physician. If it is left to your discretion, secure a judicious variety, and do not let him know until you bring it what he is going to have next. Milk is the only article of diet which contains in itself all the essential elements of nutrition. It is, therefore, the only thing upon which you may allow a patient entirely to subsist for any length of time. The most concentrated forms of food are to be preferred, such as convey the greatest amount of nourishment in the smallest bulk.

Whatever is given, be sure that it is the best of its kind—milk perfectly sweet, eggs above suspicion. Remember that you have more than the ordinary fastidiousness to contend with, and never offer a sick person anything which you have not previously tasted yourself, and so feel absolutely sure of. This does *not* mean that you are to taste it in his presence. Bring only so much as can be taken at once. A large amount looks so discouraging, that it destroys the appetite for even a little. Take away promptly what is not eaten. It is worse than useless to leave it in sight in the hope that it will soon be wanted. Give only a small quantity of food at a

time, but give it at short and *regular* intervals. A cupful every two hours is more easily managed by weak digestive organs than would be a large meal three times a day. When a table-spoonful cannot be taken hourly without distress, give a teaspoonful every quarter of an hour. The idiosyncrasies of each individual case must be considered. Regularity is, however, always important. When you do not feed your patient again until morning, give him some light and easily assimilated nourishment the last thing at night.

If you have a helpless patient to feed, do it slowly, and avoid unmanageable quantities. It requires attention and care to do this well without making an external application of it. Fluid food is most easily given, and with the least exertion on the part of the patient, through a bent glass tube.

Serve the food in as attractive a form as possible. If it pleases the eye, it has a much better chance of proving acceptable to a delicate appetite. You can at least have the dishes spotlessly clean, and dry on the outside. Have hot things hot, and cold ones very cold. To successfully cater to the capricious appetite of an invalid requires the faculty of observation, judgment, and ingenuity; but it is worth the exercise of them all, for in most cases the question of nourishment is more important than that of medicine. Drinks of all kinds, including water, should be given only as the physician directs.

Give medicine or stimulant ordered always on time, and measure it accurately. Acquire the habit of always reading the label before you open a bottle. Pour the contents from the unlabelled side. Cork tightly after using, as many drugs lose their virtue upon exposure to the air. Use no remedies, however beneficial you may fancy they would be, without the order of the physician in attendance.

The patient himself should have no responsibility about the taking of medicine, the preparation of food, or anything. In all matters, relieve him entirely of the onus of decision. If there is any doubt in your own mind as to the expediency of this or that measure, do not let him share it. Let him feel that you know, and can be relied upon to do, what is best for him.

Perfect freedom from anxiety and cheerful surroundings are as essential for his mental condition as are free ventilation, absolute cleanliness, and nourishing food for his physical well-being. These are the elements of good nursing, and they are within the reach of all. Secure these, and you will have given the sick person under your care the best possible chance for recovery.

CLINICAL.

CLINICAL REMARKS ON A CASE OF BRONCHIECTASIS. TREATED BY TAPPING. BY C. THEODORE WILLIAMS, M.A., M.D., etc., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

Gentlemen: Bronchiectasis in its worst form is one of the most troublesome affections the physician has to deal with, and the subjoined is instructive, as indicating some of the difficulties.

Charles R—, aged forty, a baker, was admitted into Brompton Hospital on April 28th, 1882, under my care, with the following history. There was no consumption in the family; he was chilled twelve months ago, and had cough and expectoration ever since, with some pain in the chest and tightness, for which he became an inmate of the Bath United Hospital, and remained so till April, 1882. During this period he had night-sweats and more or less pyrexia, the temperature rising to 103° F., but being generally from 99° to 100° in the mornings, and 100° to 101° in the evenings.

On admission the cough was very harassing, inducing vomiting; expectoration abundant, purulent, and so fetid that the patient had to be isolated from the other patients. It contained no lung-tissue. Breath very foul. Pulse 106; temperature 99.4°; respiration somewhat hurried; weight eight stone four pounds and a half. Physical signs: Right side anteriorly hyper-resonant to upper border of the fourth rib; below marked dulness, and intercostal spaces retract on inspiration; bronchophony audible over the whole front, also coarse crepitation, replaced in certain spots by gurgle and cavernous breathing, these spots being situated in the second and third intercostal spaces, near the shoulder, and in the fourth and fifth interspaces between the nipple and shoulder. In the latter position the gurgle was audible over a spot of two inches diameter. Posteriorly, marked resonance from above to the angle of the scapula, below which was dulness with retracting intercostal spaces, as in front; crepitation audible over the whole surface, with spots of gurgling and cavernous sounds between the ninth and tenth ribs, immediately below the lower angle of the scapula, and again in another spot at the same level, two inches nearer the spine. Left side: Crepitation with wheezing sound heard over the lower half of the posterior surface. The diagnosis was chronic pneumonia of both lungs, accompanied in the case of the right by extensive bronchiectasis and adhesion of pleura. The fetor of breath and expectoration were treated by the

patient wearing a Roberts' respirator containing a mixture of creasote and carbolic acid, the air of the ward was diffused with vapor of thymol or eucalyptol, the expectoration was duly deodorised by terebene, and stimulant expectorants administered, in addition to two ounces of brandy daily. Notwithstanding these measures, the cough continued sufficiently violent to cause vomiting, the expectoration was so fetid as to greatly distress the patient, and, in spite of all precautions, the smell reached the gallery and penetrated into some of the adjacent wards. After consultation with Drs. Douglas Powell and Tatham, I decided to ask Professor Marshall to make an opening into the largest bronchiectasis, and thus to secure efficient drainage.

On May 22d Mr. Marshall made a vertical incision along a line drawn by myself, from the fourth to the sixth ribs, about two inches to the right of the right nipple. He divided the skin and laid bare two intercostal spaces, the object being to puncture the upper space, and in case of our thus failing to reach the bronchus to try the lower space without a fresh incision. Mr. Marshall then plunged a special trocar and cannula, with director attached, to the depth of four inches toward the root of the lung. Air hissed through the opening, followed by a large quantity of fetid matter, which was ejected with considerable force. Mr. Marshall then extended the opening by means of his knife and finger, and more fetid mucus, this time mixed with sloughs and shreddy lymph, appeared; some blood also flowed. A piece of French catheter-tubing was fastened in, through which the discharge passed into antiseptic dressings. 23d: Slept well; a fair amount of discharge runs through the tube; expectoration diminished, hardly fetid; wound looks well. Temperature 99.8°; pulse 100. 24th: Dr. Hicks found the tube to be slightly movable; discharge free and not offensive; expectoration thirteen ounces, devoid of smell, and breath tolerably pure. Two days later, the expectoration and discharge remaining about the same, the patient had diarrhoea, lasting two days, arising, it was supposed, from swallowing sputum; urine 1020, no albumen.

June 1st: The tube was changed, and the patient was allowed to walk in the grounds of the hospital. He remained fairly well; the expectoration about seven ounces daily, and the discharge tolerably sweet, till June 8th, when the discharge increased; there was a slight rise of temperature to 100°. 4th: The patient complained of headache. 12th: The sputum slightly fetid. Still headache. Discharge increased. 17th: Patient has had severe frontal headache and vomiting with much flatus since

4 A.M. Wound the same; discharge more fetid. Temperature 101.6°. Ordered a calomel and podophyllin purge. This produced a number of motions, but no relief to the headache, which increased, and appeared to correspond with a diminution of the sputum, the quantity falling from six ounces to one ounce and a half on the 20th, and on the 24th he became drowsy, with more headache. Movement was impaired on the left side. No expectoration. 26th: Headache diminished; left pupil large. Breath very offensive. No sputum. 29th: Very drowsy. Passes motions under him. Wound the same.

July 1st: Complete hemiplegia of the left side of the body. The patient was drowsy and nearly unconscious. He died five days later, the sputum being altogether retained. The autopsy was performed on the following day. The subjoined is an abstract of Dr. Ewart's the pathologist, and Mr. H. Williams', my clinical assistant, notes. A fistulous opening was seen in the right side of the chest between the fourth and fifth ribs, two inches to the right of the nipple line. The right pleura was universally adherent, rather closely so, by means of a strong fibrous tissue. The right lung was deeply congested and practically devoid of air; the tissue was collapsed, sodden, congested, and infiltrated with pus. A more or less uniform dilatation of all the small bronchi was noticeable on close inspection. Sacculular dilatations as large as peas or almonds existed in the thickness of the basic fringe from sternum to vertebræ, but the main disease was situated in the lower part of the upper lobe anteriorly, and in the anterior portion of the lower lobe. The greater part of the sternal portion of the upper lobe was converted into a baggy multilocular sacculation with thin but very tough fibrous walls, and containing some fetid fluid. This cavity, which was typically bronchiectatic, was also of the size of an orange, and communicated by an artificial channel with the fistulous opening on the chest wall, showing that the principal dilatation had been successfully tapped. In the sternal portion of the lower lobe the sacculations were much smaller, but very numerous and separated by a tissue thoroughly soaked in purulent fluid. The posterior parts of the lung were comparatively free from disease with the exception of two inches and a half above the diaphragm in the interscapular region, where a series of small sacculations about the size of a walnut was found. The left lung had no pleural adhesions, and was crepitant throughout, and tolerably healthy. No bronchiectases were detected in it. The bronchial glands beneath the bifurcation of the trachea were enlarged,

pigmented, and soft. No tubercular or caseous deposits were found in either lung. The brain weighed fifty-five ounces, and in the right hemisphere was discovered a cyst as large as a Tangerine orange with walls varying in thickness from one eighth to one sixth of an inch containing pus. No abscesses were discovered in the other organs, which were carefully examined and found quite normal.

This case exemplifies some of the difficulties we have to encounter in the treatment of bronchiectasis. The diagnosis was based on the position of the physical signs, especially of the spots of gurgle, which are generally peculiar to bronchiectasis, and on the character of the expectoration; and it was proved by the autopsy to have been fairly correct. It must be admitted that much aid was derived from the fact of the cavernous sounds being very localized and apparently superficial. We have not to deal with a labyrinthine series of dilatations, as in a case communicated by me to the Clinical Society in 1879, where cavernous sounds were audible over a far larger surface than the size of the cavity, owing to its peculiar form. The entire failure of antiseptic inhalations, the knowledge of an adherent pleura, and the certainty of speedy death from septicæmia, induced me to have recourse to the operation, with the immediate results of which I was quite satisfied. I would specially draw attention to the advantage of making an incision, as Mr. Marshall did, over two intercostal spaces in cases where the area of gurgle extends as far; so that, if puncture in the first space fails, we can try the one below or above, as the case may be, without fresh incisions. Another point is using Dr. Hicks' admirable combination of trocar, cannula, and director,* so that the channel into the cavity may not be lost through accident—a by no means infrequent occurrence—but gradually enlarged with the knife, and a large drainage-tube introduced. The wonderful improvement in the cough, the diminution of the expectoration, and disappearance of fetor, indicated in this case, as in Dr. Douglas Powell's case recorded in the 63d volume of the *Medico-Chirurgical Transactions*, that much of the expectoration was due to the irritation set up in the bronchi by the passage of fetid secretion; and the marked amelioration made us hope that we were getting over our difficulties. But the return of fetor, the diminution of the expectoration, and, lastly, the pain in the head, followed by hemiplegia, showed clearly that absorption of matter and pyæmia had set in. The presence of an abscess in the brain and the total absence of any other abscesses in other organs were remarkable, and made one doubt at first if the

brain abscess were pyæmic, but the curious relation between the diminution of expectoration and the increase of pain in the head certainly pointed to a pyæmic origin. The expediency of operating at all in these cases must be judged of by considering their probable termination. Some patients appear to gain expectorating power by using antiseptic expectorants in the form of medicines as inhalations, and are enabled to empty their bronchi sufficiently to prevent large and fetid accumulations. In others one of four events happens: (1) Either some of the fetid secretion passes during the movements of respiration into adjoining bronchi, or into the main bronchus of the opposite lung, and gives rise to septic pneumonia and death; (2) or the fetid products are absorbed by the lymphatics and blood-vessels, and give rise to pyæmic abscesses in some part of the body, as in the present case; (3) or, again, the bronchiectasis may burst into the pleura and cause pneumothorax; (4) or, lastly the patient may die of suffocative bronchitis from the secretion penetrating into all or the greater part of the alveoli. All these four terminations are fatal in a shorter or longer period, and it is to obviate them that operations are undertaken. Taking the forms of bronchiectasis into account, of the two cylindrical and globular, the globular form of dilatation of the bronchi is the worst to treat, because all tonicity of the walls appears to have been entirely lost, and although we may tap and relieve one of these collections of fetid pus, we never can be quite sure that another one does not exist in another part of the lung, so that not one but many operations are required, and it looks sometimes as if there was more probability of our reaching the end of the patient's life than of the end of the operations. In the three other cases of bronchiectasis on which I have had operations performed, in all more than one operation was performed. In one six openings, in another three, were made, and this last patient stood the operations well, and is still living, a year and a half after. In the present case we were fortunate enough to hit the largest of the bronchiectases, and I hoped, as it was the lowest, that it would carry out sufficient drainage of a large portion of the bronchial tree. The question may be asked why I did not have another operation performed, but we had no indications. The opening was not blocked, but patent, and the septic symptoms came on too rapidly to allow of more apertures being made.—*Brit. Med. Jour.*

SELECTED ABSTRACTS.

STATISTICS OF SYMPHYSIOTOMY.—Dr. Robert P. Harris publishes in the *American Journal of the*

* Lately exhibited at the Medical Society of London.

Medical Sciences for January, 1883, a careful analysis of the statistics of symphysiotomy, with comparative tables of the early and later cases, showing that the operation has been more frequently performed in Italy in the last seventeen years than in the previous eighty. In his first table, extending up to 1858, out of 70 cases there was a maternal mortality of 70 per cent, and a foetal mortality of 67 per cent. The second table begins with the resuscitation of this operation in Naples, in 1866, and as far as he has been able to learn, there have been 53 operations in that city, saving 43 women and 42 children. From a report of Professor Morisani, by whom most of these operations were performed, we learn that—

1. All of the fifty operations (in table 2) were performed upon rachitic subjects, whose pelves were generally flattened antero-posteriorly. In four or five instances the pelves were simply dwarfed in dimensions. There was no case of rostrate pelvis, as *Malacosteon* is very rarely met with in Naples.

2. Version was not resorted to except in the transverse positions. The forceps were applied in about one fourth of the cases.

3. The separation at the pubes amounted to about 2 inches (50 mm.), which was obtained without any effort, and without producing any lesion of the sacro-iliac synchondroses.

4. The immovable dressing secured the firm union of the symphysis pubis in all the cases that recovered.

5. The women had good health after the operation.

6. There were no malformed infants. Nearly all of the children were sent to the Foundling Hospital to be taken care of.

7. *Phlegmasia alba dolens* did not occur in any of the women.

8. There were no pelvic lesions left, as a sequel of the operation, with the exception of one case of iliac phlegmon.

9. Vesico-vaginal fistula occurred in but one case, and this was easily cured by an operation.

THE REGISTRATION OF VITAL STATISTICS.—The subject of registration of vital statistics is one of the most important, and, at the same time most difficult in sanitary as well as social science. Its difficulties are in part due to its apparent simplicity. Before studying it, and attempting to obtain practical results, almost every one is disposed to think that he understands it, and is quite ready, not only to undertake the duties of registrar or census superintendent, but to prepare a law or ordinance regulating the

matter. After one has investigated the matter a little, and has become somewhat acquainted with the methods in use, it is not unlikely that he will suppose that he has made some remarkable discoveries of causes of error, imperfect returns, insufficient tabulations, and erroneous conclusions, and will thereupon proceed to prepare a paper criticising the work of his predecessors and proposing reform. It is probable, however, as he continues his studies, that he will find that his discoveries are not new, that there are various practical objections to his proposed improvements, and that it is much easier to confine his essay to denunciation of that which is, than to point out clearly and definitely that which ought to be, and which is at the same time practicable.

This has been the experience of Dr. John S. Billings, as related in a paper published in the *American Journal of the Medical Sciences* for January, 1883; he has, however, succeeded in making a valuable report on the systems of registration of vital statistics in nearly all countries, showing the value of such statistics for legal purposes, in identifying individuals in their relations to their families and the community, for the prevention and detection of crime, for furnishing data for sanitary purposes, and as bearing on the laws of human development.

THE COLD-WATER TREATMENT OF PUERPERAL FEVER.—The results obtained by any known method of treatment in cases of septic poisoning, during the puerperal state, are, as a rule, very unsatisfactory indeed; still, some lives have been saved by the means, as yet not sufficiently known and appreciated by the profession, whose trial Dr. Rudolph Tauszky, in a paper in the January number, for 1883, of the *American Journal of the Medical Sciences*, urges in given cases where other resources and modes of practice seem to be useless. The object of the administration of cold baths is principally the reduction of fever heat, if of great intensity and of long duration. Dr. Tauszky shows that these ought to be given without the least exertion on the part of the patient, as often as the temperature taken in the axilla indicated a rise of two or more degrees Fahrenheit. The water used for this purpose should be of about seventy to fifty-three or even less degrees Fahrenheit, or, exceptionally, in very weak patients, of about eighty degrees; the patient to remain in the bath from fifteen to twenty minutes at a time. Before administering the bath the precaution should always be observed of first cooling the head, by covering it with a cold wet

cap or cloth, in order to prevent the sudden congestion of the brain which would otherwise follow.

CORRESPONDENCE.

"DEATHS AFTER ABDOMINAL OPERATIONS FROM HEART-CLOT."

SIR: In last week's *Lancet* Mr. Thornton is pleased to inform your readers that I would have improved my position—whatever that may mean—had I stuck to pure Listerism in abdominal surgery. He shows in a table that his results overhead are a fraction better than mine, his being 10.67 while mine are only 10.76. He omits altogether the not unimportant fact that he mixes up cases done twenty years ago, when he was at school, and when everything had to be learned about the surgery of the abdomen with the results of the last few years, when the difficulties that attended the early operations had mostly passed away. He may also be unaware of the fact that in my early cases are included all deaths from incomplete operations. It is true that it is now a long time since I published any of my results, for I am sick of ovariectomy statistics, especially of that sort with which Mr. Thornton treats us, and I dare say your readers also are. It is little to me whether my results are better or worse than those of others; it is much to me if I have a single death after an operation, except what may arise from some accidental or unforeseen cause.

For once in his life Mr. Thornton is wrong. I think that carbolic spray used in long abdominal operations is a useless ceremony, and that it is sometimes a dangerous one. Before beginning "pure Listerism" the mortality attending my operations had gradually fallen. The results over fourteen years gave a mortality of 1 death in 7. Of the five years before Listerism, the mortality had fallen to 1 in $10\frac{1}{2}$; of the last of these years, to 1 in 21; and taking the last 26 cases, the mortality was, or at the rate of, 3.84 per cent. Of 121 abdominal operations done with strict Listerism and with the utmost care, there were 8 deaths (6.61 per cent). There was surely nothing gained by this; no improvement of position here. Then in two cases a spray of boro-glyceride was used, one of these being a very bad operation, where the ovarian tumor and uterus were so welded together that the whole uterus had to be removed. I then went back to the old way, and did 45 cases, without any spray and without any death. If to these we add 26 cases, with 1 death, done before beginning the spray at all,

we have 71 operations without spray, and with only a single death, and the tumor removed was a malignant one.

But to take a far better test. I have sent for the results of every operation done in the Royal Infirmary, extracted from the hospital books. These are in all 64—

Spray Cases.

	Cured.	Died.	Total.
Ovariectomy	18	3	21
Hysterectomy for fibroid ..	2	0	2
Bathey	0	1	1
24 cases, with 4 deaths (16.66 per cent.)			

Boro-glyceride Spray.

	Cured.	Died.	Total.
Double ovariectomy with } hysterectomy }	20	1	1
Hysterectomy for fibroid ..	1	0	1
2 cases, with 1 death.			

No Spray.

	Cured.	Died.	Total.
Ovariectomy	31	1	32
Hysterectomy for fibroids ..	5	0	5
Bathey for fibroid	1	0	1
38 cases, with 1 death (2.56 per cent.)			

It seems to me that these results have "reversed our respective positions," and that "pure Listerism" has treated my patients badly.

I will now tell Mr. Thornton how he may improve his position, as he calls it, or rather that of his patients. Let him, for once, put his pride in his pocket, and use a drainage-tube in the very bad cases. He will have a very little more trouble for the first two days, and he may drain unnecessarily sometimes, but he may also bring down his mortality from 10.67 per cent to the hospital results of 2.56 per cent. Surely, this is something worth trying for; though even now, I dare say, nature may sometimes burst open the wound and drain for him.

In concluding his letter, Mr. Thornton thanks Mr. Tait, "for the opportunity he has afforded him of demonstrating the superior results obtained by Listerism in ovariectomy and oöphorectomy." I also have to thank Mr. Thornton for the opportunity he has afforded me of demonstrating that the antiseptic principle may be safely carried out without using carbolic spray, or, as he calls it, "pure Listerism."

I owe an explanation to all the members of our profession for having taken no notice of an application made by one of their number for information. This is the first time that I have ever done so. I took no notice of Mr. Thornton's letter to me. He knows well the reason why I can have no communication with him. Has he altogether forgotten that little circumstance that happened two or three years

ago? The apology that he long owes me has not yet come.

I am, Sir, yours obediently,
THOMAS KEITH.—*Lancet*.

EDINBURGH, Dec. 26th, 1882.

To the Editor of The Lancet.

Sir:—I have just read Mr. Thornton's second letter, and as its purpose seems chiefly to show that he is a more successful operator than either Dr. Keith or myself, I am not disposed to follow him in an argument so profitless to your readers. I am writing away from home and therefore cannot say how much he wrongs Dr. Keith, but the figures he quotes for myself are entirely wrong. They should be 312 cases, with twenty-six deaths, giving a mortality of 8.4 per cent. But even if Mr. Thornton's figures were correct they prove nothing, and his line of argument is, for himself, a very dangerous one. If Listerism is so essential to success, and if with it he can get, even on his own showing, results only fractionally better than Dr. Keith and I get without it, there must be some truth in what Dr. Taylor said at Worcester, that "Listerism is only a cloak for bad surgery."

In the many discussions which have taken place on this point, Mr. Thornton persistently ignores the point which seems to me of the greatest importance of all, the use and disuse of the clamp.

In the present edition of my book I give these figures as the result of my practice :

	Cases.	Deaths.	Mort. per cent.
Clamp, non-Listerian	36	9	25.
Clamp, Listerian	26	7	27.
Ligature, non-Listerian ..	209	6	3.
Ligature, Listerian ..	30	2	6.6
	301	24	8

It must be clear to every one that in a discussion of any of the numerous questions concerning ovariectomy, all statistics tainted with the murderous mortality of the clamp must be omitted. When this is done my own figures show nothing in favor of Listerism; and against Mr. Thornton's advocacy of it there is Mr. Wells' condemnation (which no private conversations with Mr. Thornton can qualify) and the fact that it has been given up by Keith, Bantock, Savage, and myself. Mr. Thornton tells me that I have never been able to grasp or understand Listerism. The statement is rash, but perhaps true; my only appeal is to be let alone about it, and not have it dragged in on every possible occasion. Every death, according to Mr. Thornton, in the hands of an ovariectomist who does not use Listerism is due to septicæmia. Some day, perhaps,

Mr. Thornton will tell us what his definition of septicæmia is, and what his own patients die of.

Only one other point deserves reply, and that is the history of the case which had been under Mr. Thornton at the Samaritan Hospital. She is a very intelligent woman and gave me a clear history, confirmed in its main features by her medical attendant. She was sent to the Samaritan Hospital to have a tumor removed and Mr. Thornton declined to remove it on account of the risk. It was then about two thirds of the size which it had reached when I removed it, and its weight after removal was thirty-three pounds. It was not a "small fibroid enlargement of the uterus," but a well-marked example of the soft œdematous myoma. If Mr. Thornton has yet to learn that this disease is not arrested at the menopause, then he can accept the other horn of the dilemma. If this had been an isolated instance of its kind I should not have made use of it, but I shall have an opportunity soon of entering further into this aspect of the question.

I am, Sir, yours truly,
LAWSON TAIT.
—*Lancet*.

REVIEWS.

THE DISEASES OF WOMEN: Their Pathology, Diagnosis and Treatment, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D., F.R.C.P. Fourth American, from the Third Revised and Enlarged London Edition. 132 Illustrations. "Octavo Series of Standard Medical Books." 8vo. 751 pp. P. Blakiston, Son & Co. Price, cloth, \$2.50; paper covers, \$1.50.

To write for the profession a recommendation of one of Graily Hewitt's works, especially for this old favorite, is about as superfluous as writing for Christians a recommendation for the New Testament. The man who does not know the author of the book must be lazy and worthless indeed, and it would be too late in his life to wake him up and set him to thinking. Like Ephraim he is wedded to his idols. To all others, a commendation of this book is useless. It is a medical classic. This edition is "cheap," but it is fairly printed on fair paper.

THE PHARMACOPŒIA OF THE UNITED STATES OF AMERICA. Sixth Decennial Revision. By the authority of the National Convention for Revising the Pharmacopœia. Held at Washington, A.D. 1880. New York: WM. Wood & Co. 1882.

The National Pharmacopœia was first created in

1820, and has been since then revised every ten years. It would be premature to criticise now this important work, as a practical trial of it will be the best test of its merits. *The Journal of Pharmacy* makes very fair and apposite notes of the changes made, and these are given as very worthy of confidence.

The division of the old Pharmacopœia into a primary and secondary list of drugs, and into preparations, has been abolished, and a single alphabetical arrangement adopted, similar to that of the British Pharmacopœia, and except in nomenclature to that of nearly all the European Pharmacopœias. The drugs derived of the vegetable and animal kingdom are now concisely described as to their physical, and, wherever it was deemed necessary, also their important structural or chemical characteristics.

Processes for preparing chemical compounds have been omitted, except in a few cases; but each chemical is defined according to its formula, its physical properties, chemical reactions and possible impurities or adulterations.

Many matters of detail are worthy of notice. In the formulas for pharmaceutical preparations definite quantities have been discarded, except where necessary on account of the dose, as for the preparation of pills, the quantities being given in grains and grams; for citrate of magnesium, in grains and grams, fluidounces and cubic centimeters; for fluid extracts, in grams and cubic centimeters, etc. The change made in the last-named case we consider as particularly inopportune, inasmuch as it differs from the general plan of the work to make all preparations by weight, and as it introduces a new relation of weight to measure, hitherto unknown in American pharmacy; in our opinion, these preparations could have been easily and conveniently made to represent the drug weight for weight; but if a definite and uniform relation of weight to measure was considered absolutely necessary, it would have been far better to leave the old relation undisturbed, instead of adopting a measure which, if the discarding of measures be found of the convenience and exactness that is claimed for it, must necessarily involve another change in the near future.

Names have been changed, a long list of new preparations been added, and a larger omitted; the strength of others diminished or augmented to bring as nearly as possible all wines, tinctures, etc., to a uniform percentage of strength. In case of the highly active preparations the ordinary strength has been retained, but the strength of the liquid preparations of opium have been considerably increased. As tending toward the adoption of the

metric system, all measures of capacity have been abandoned, and quantities are expressed in parts by weight. This change will probably call forth considerable discussion. The book is issued in good form by Messrs. Wood & Co.

UNIVERSITY COLLEGE COURSE OF PRACTICAL EXERCISES IN PHYSIOLOGY. By I. BURDON SANDERSON, Professor of Physiology in University College, London. Philadelphia: Blakiston & Co. 8vo. Pages 75. 1882.

The name of the author of this book is sufficient for its passport to the confidence of the profession. It is, however, of interest more to practical workers in physiology than to the library student; it being a collection of directions for laboratory experiments. As far as it goes, it is worthy of its source, but its high price and fragmentary character will be great obstacles to its introduction to the profession.

MISCELLANEOUS.

COMPULSORY VACCINATION IN CHINA.—Vaccination is henceforth to be compulsory in China. One cause for popular opposition to it is the fact that it is the practice to vaccinate children on the tip of the nose. A reward of half a tael, which has been offered for every child vaccinated, has not been sufficient to persuade parents in easy circumstances to disfigure their children. A law has therefore been promulgated, punishing the failure to vaccinate by fine and imprisonment. Many of the Chinamen entering the United States are found to be vaccinated on the arm. According to Abbè Huc, vaccination in China antedates Jenner. The operation was performed by soaking a linen pledget in vaccine matter and tying it in the nostril of the person to be vaccinated.

TOBACCO.—Dr. Witter of the Wisconsin State Board of Health has sent around questions to one hundred "intelligent" persons, "mostly" physicians for the purpose of determining the influence of tobacco using on health. The procedure was not the most scientific one possible. The reasoning of the average intelligent layman, and even of the average physician, is too much of the post hoc ergo propter hoc variety to be of any value from a scientific standpoint. Dissipated people, as a rule, use tobacco, and the tendency among anti-tobacconists is to ascribe all diseases presented by such people, not to dissipation, but to the tobacco. The first question was: What good effects from the continued use of to-

bacco have come under your observation? Eighty-five per cent of the replies state that no good results have been observed; six that possibly smoking has sometimes relieved a patient suffering from constipation or chronic laryngitis. The second question is of no great consequence.

Question 3: In your opinion is the use of intoxicating liquors in any way fostered or affected by the use of tobacco? Seventy-six per cent answer unqualifiedly in the affirmative, six per cent say no, five per cent do not know, and the remainder give no answer. Question 4 and its answers are in relation to the slow healing of wounds because of the use of tobacco by the patients. The replies appear to show an unusual bad state of the constitution with tobacco users, but are vitiated by the element of error to which allusion has been made.

Question 5: is in relation to the effects of tobacco on the laryngeal buccal and aural mucous membranes. Sixty-eight per cent of the replies affirm that the use of tobacco predisposes to, and sometimes induces, catarrh and other diseases; one claims to have cured several cases of catarrh by withdrawing the use of tobacco. Thirty per cent of the replies doubt whether the use of tobacco has anything to do with diseases of the air passages. A large majority of the replies to the sixth question state that ulceration of the lips, cancer of the lips or mouth, and diseases of the tongue, clearly due to tobacco, have come under their observation. The replies last quoted show an element of error which one would at first think every physician would exclude. The use of a *clay* pipe seemingly produces cancer of the lip, but the use of tobacco alone has never been proven to have this effect. Question 7: Do your observation and experience enable you to enumerate any constitutional derangements resulting from the use of tobacco? Ninety per cent of those questioned say gastric and cardiac diseases, particularly dyspepsia, have been traced by them to the use of tobacco. Only two per cent of the replies deny such relationship.

In regard to the elements of error in the replies to this question, some very positive evidence might be cited. One physician had a patient suffering from acute rheumatic pericarditis, and as the patient was a smoker, he very appropriately put down the disease as due to tobacco. Carlyle's experience is very strong evidence of such absurdity. Question 8: What is your opinion, founded on your own experience, as to the effects of tobacco in producing diseases of the brain and nervous system, cerebral congestion, apoplexy, epilepsy, paralysis, nervous-

ness, impotence, etc.? Ninety per cent give very positive testimony in this respect, not one of whom is a neurologist, and many of whom have been but a few years in practice. Six per cent have had no cases of the kind, while four per cent deny any such relationship. Question 9 is in relation to the hereditary transmission of a bad physical organization due to tobacco. The same positive statements are made in answer to this question, and are vitiated by the same errors. The closing questions have reference to the responsibility of tobacco for the increase of dyspepsia, nervous debility and nervous disorders generally, and to the influence of tobacco among professional men and students. A majority of the replies hold tobacco responsible for the increase of gastric and nervous diseases. Most of them believe memory is impaired, and the ability to apply the mind to a course of severe study is considerably weakened by the use of tobacco. The present writer is not a tobacco user, but believes that if a subject be worth investigating at all, it is worth investigating in a scientific manner. To do this the mind must be rid of all prejudice for or against tobacco, and every circumstance in the case taken into consideration. There is but little doubt that tobacco, like all agents acting on the nerves, is capable of producing injurious effects, but how far these are due to use or how far to abuse, will never be satisfactorily settled by researches of the kind just quoted.

MEDICAL NEWS.

NOVEL ABOMINATIONS.—The following delectable substances are contained in the American Homœopathic *Pharmacopœia* (published by Bœnike & Tafel, New York, 1882), and their names sufficiently indicate their composition: *syphilinum*, *buboinum*, *gonorrhin*, *leucorrhin*, *glanderin*, *anthracin*, *psorin*, etc. They are called isopathic remedies or nosodes, which are defined to be "remedies obtained from morbid products of the animal system." It seems probable that the gorge of even the most credulous patients would rise, if they could fathom the mystery of such "prescriptions."

The *Australasian Medical Gazette* gives an account of the warm springs at Rotorua, New Zealand, which are said to benefit rheumatic and gouty people. At all events the delighted patients have discarded the Maori names of the springs—Whangapipero, Pupunitanga, etc., and substituted "The Pain-killer," "Madame Rachel," "The Lobster Pot," "Priest's Bath," and "The Oil Bath." The resi-

dent medical officer says that the number of visitors to the waters is doubling each year.

JOINED FOR LIFE.—Something unprecedented in the historic annals of the medical fraternity of this city occurred in the practice of Dr. D. M. McFall on last Saturday night, being nothing less than the birth of two male children, with two well-formed bodies, united from the sternum, with one neck, one well-formed head, the chin resting on the right and left shoulders of the bodies, and face looking to the side. The physicians here say it is one of the finest specimens that ever came under their observation.—*Mattoon (Ill.) Despatch to Cincinnati Enquirer.*

A DOCTOR SUES A PRIEST FOR SLANDER.—Dr. William A. McDonald, a physician of Lynn, Mass., has brought a slander suit in the Salem court, claiming \$10,000 damages, against the Rev. Patrick Strain, in charge of St. Mary's Roman Catholic Church at Lynn. It is claimed that the latter charged the physician with being unskilful and reckless, and advised parties not to employ him.

THE Medical Press relates that at Chester, England, an inquest was held over the body of a man who had been more or less drunk for forty consecutive years. He, his wife, and his son had been in the habit of drinking the droppings of various tap houses in the town—a beverage which they purchased for about a shilling a gallon. The curious fact was developed that the only night he had been sober for many years was that upon which he died.

THERE are about 2000 cases of smallpox in Baltimore, of which only 800 have been reported by the Board of Health. A committee of investigation is evidently needed there.

DEATH OF DR. MUDD, sentenced to life imprisonment for harboring J. Wilkes Booth.—Dr. Samuel A. Mudd, who served a term in the Dry Tortugas for harboring John Wilkes Booth, the assassin of President Lincoln, and assisting him to escape, died January 3d, at his residence, near Bryanstown, Charles county, South Carolina. Dr. Mudd came of an old family of prominence and influence in southern Maryland. After the assassination Booth and Harold rode to Dr. Mudd's home, and he dressed Booth's injuries. He found that Booth's right leg was fractured, the bone being broken clear through just above the ankle. The leg was much swollen, and Dr. Mudd insisted on Booth remaining at his house all day and part of the next night. Dr. Mudd was sentenced by the court to be confined for life at hard labor, and President John-

son ordered him and others to be sent to the Albany Penitentiary. He was subsequently sent to the Dry Tortugas, where, during a yellow fever epidemic, he rendered such valuable services, that, after a few years' confinement, he was pardoned by President Johnson.

MR. GLADSTONE must be unusually ill when he throws up work, gives up his projected political campaign in Scotland, and leaves England to seek health in France. This restless man has hardly ever known anything in the way of rest, and for many years past has often worked away under personal suffering and threatening ailments such as would have laid low most other men. There is no doubt that he is now, both in mind and in body, a very much used-up man.

TYPHUS FEVER prevails in a limited area in this city; in and around Hester Street.

DR. WARREN STONE, of New Orleans, La., and son of the celebrated surgeon of that name, died in New Orleans in the early part of the present month.

SUBJECTS DISCUSSED BY THE STATE BOARD OF HEALTH.—Albany, January, 16. The State Board of Health held a special meeting at the Capitol today. The Sanitary Committee gave a detailed statement of the work accomplished during the year in carrying out the laws to prevent the adulteration of food and drugs and to regulate the sale of dangerous kerosene oils. Nine kerosene accidents, four of which resulted fatally, were investigated. The flashing points of the oils giving rise to these accidents varied from 80 to 97° Fahrenheit. Out of 236 samples of oils analyzed, only 32 stood the test provided by law. Samples of food to the number of 119 were examined, 60 of which were found to be adulterated. Seventy-five samples of drugs were examined and 32 found to be adulterated. Twenty-five cases were prepared for prosecution and one was tried, which resulted in conviction. The epidemic of diarrhoeal disease which suddenly appeared at Binghamton was further considered. The true cause was thought to have been discovered in the sewage matter discharged into the Susquehanna River from the insane asylum there. The responsibility of the State for permitting the water supply of a city to be thus defiled was regarded as a serious matter, requiring explicit State laws to prevent it. Samples of the water from different parts of the river at that place are being analyzed by Prof. Willis G. Tucker, one of the State chemists. The Health Officer of the Port of New York presented a report of the work accomplished to prevent the introduction of smallpox by immigrants, and the various difficulties en-

countered and overcome, and drew attention to the fact that, owing to the efficiency of the measures adopted, for the eight months from April 27th to January 1st, no case of small-pox had been detected, although 300,000 immigrants had passed through the port. The board adopted a resolution permitting the sale of coffee and chickory mixture to which no other substance or article is added, and in which the mixture of pure coffee shall not be less than 50 per cent of the whole compound or mixture; also, mustard and wheat, or rice and flour mixture, to which no other substance or article or any coloring matter is added, and in which mixture pure mustard shall not be less than 50 per cent of the whole compound or mixture.

RATS KILLED BY ELECTRICITY.—Ralph Corbit, an ingenious twelve year old boy of Honeybrook, Chester County, has devised a novel plan of getting rid of the rats which infest his father's cellar. He has constructed out of old fruit jars a battery of three Leyden jars, which he connects and places upon a large iron plate which touches the tin foil on the outside. The bait is so arranged that when the rat steps upon the plate and seizes the bait he at once makes the connection between the outside and inside of the jars, and they are discharged through his body, killing him literally as quick as lightning. He charges the jars by means of an electrical machine, also constructed by himself. He ran a couple of wires through the floor to the cellar from the room above, and as soon as he would hear a rat squeak he would immediately recharge the battery. The first time he put the machine in operation he slaughtered twenty-five rats in a space of three hours, and in two days the cellar was entirely cleared of the pests.—*West Chester Local*.

BEFORE HIS TIME.—A medical man, practising in Dantzic, recently undertook the resection of the lung of a young female patient, with the consent of her parents. The *St. Petersburger Medicinische Wochenschrift* understands that, through the denunciation of two colleagues, the case, which ended fatally, will be made the subject of judicial inquiry; all parties, however, appear to admit that the attempt of the surgeon was made in perfect good faith, and in the full belief that it gave the patient a chance of recovery from otherwise incurable lung disease. Was the surgeon's conduct simply foolhardy and entirely reprehensible, or was he, on the other hand, before his time? It is by no means impossible, judging from analogies that abound in scientific literature and biography, that works may appear, one century hence, treating of resection of the entire

lung as a recognized operation, and recording how, in the nineteenth century, the first pneumotomist got into trouble. Some, though not the majority of innovators, live to see their views and their practices established. In any case, full inquiry and fuller details of the Dantzic operation are imperatively demanded.

EDITORIAL.

TO THE SUBSCRIBERS AND THE PRESS.—In recognition of the almost universal demand, by the Profession, for Weekly, in place of Monthly Medical Journals, and in deference to the wishes of a great number of old patrons and friends, GAILLARD'S MEDICAL JOURNAL will, hereafter, be issued as a large Weekly of twenty-eight double-column pages. The journal will contain very much more reading matter, but it will be sent at the same price.

The two journals, "GAILLARD'S MEDICAL JOURNAL," and "THE AMERICAN MEDICAL WEEKLY," will be incorporated and published as one, under the title of "GAILLARD'S MEDICAL JOURNAL." The journal under this last name being the older work, and before the Profession for nearly twenty years. GAILLARD'S MEDICAL JOURNAL will be sent to the subscribers to both journals.

THE MEDICAL AGE of Detroit, Michigan, has been received. It presents an excellent appearance. It represents the blending of two journals, the Michigan *Medical News* and the Detroit *Clinic*.

THE HOLMAN PAD COMPANY, which treated all diseases "by absorption," and for many years served to demonstrate the asinine credulity of the American people, is bankrupt *Requiescat*, etc.

DR. GEORGE M. BEARD, of this city, died suddenly of pleuro-pneumonia at the Grand Hotel January 23d at 10 A.M. Dr. Beard was well known to the Profession as a voluminous writer. He was an enthusiast on the subject of neurology, neurasthenia, American nervousness, hypnotism, the heroic treatment of sea-sickness by the use of the bromides etc., and in the Guiteau case he was quite prominent in his efforts to save the assassin. Dr. Beard was born in Montville, Conn., May 8th, 1839. He was a good man, and his sad and sudden death will be universally regretted.

THERAPEUTIC EFFECTS OF WIRE DRAWERS.—An advertisement for wire drawers naturally leads to the following comments.

It is probable that the main object of the inventor of these wire garments is to convince the public

that by wearing them all manner of diseases can be cured. Hitherto all metallic undergarments which have been put upon the market, such as magnetic g-rt-rs and galvanic belts, have been sold as remedies for disease to credulous invalids, and the new wire garments undoubtedly belong to the same class. The public will soon see scores of published certificates from men who have been cured by wearing them. "A Prominent Western Pastor" will testify that after wearing them for three weeks he was radically cured of an obstinate brain difficulty which had prevented him from understanding Mr. Emerson's philosophy, and had developed in him a tendency to read Tupper's "Proverbial Philosophy."

Many will say that they have, by this means, obtained sufficient brain power to accurately measure the moral worth and just status of Henry Ward Beecher; that whereas, before using these wire drawers, they believed him to be a minister of the Gospel, and a moral man, they now, under the magical influences of this garment, know him to be a theological charlatan, and preëminent harlequin. Mr. Smith will certify that the wire undergarments cured him of consumption, Bright's disease, catarrh, cholera, and a wooden leg; and Brown will bless the inventor for having been the means of rescuing him from a rheumatic and hydrocephalous grave. Probably the inventor will call himself "Mrs. Wineslow" or "Mrs. Pinkum," and will print at the head of his advertisement the portrait of a middle-aged woman with a smirk of maddening benevolence. The novelty of the new medical garments will recommend them to people who have tried all other advertised remedies for real or imaginary diseases without success, and the patent wire garments, warranted to cure everything and to last forever, will be bought by hundreds of thousands of silly people, who are determined to have what is good and genuine at any cost. Wire drawers will, no doubt, soon be worn by that army of American idiots who try every patent remedy, and believe as true the fables fabricated in regard to them.

"LUNATIC ASYLUM NEWSPAPERS.—*The American Journal of Neurology and Psychiatry* gives the following particulars concerning these:

There has been in existence in England for many years a periodical called the *New Moon*, the contributors of which are patients in lunatic asylums. As a rule, the articles display such marked ability, that no one would suppose that the writers were suffering from mental aberration. On one occasion the editor of the *New Moon* received complaints from several subscribers that the contents of the journal,

although well enough in their way, were lacking in distinctive flavor, and did not betray their origin; so in the next number he gave free play to all contributors. There appeared astounding political revelations; a paper on evolution with woodcut illustrations of the shape of the human soul at different ages; the designs of a machine to facilitate bodily ascension into heaven in the manner of Elijah, and the first canto of an epic, which, when not utterly incoherent, was anticipatory of 'Alice in Wonderland.' One number of this character was sufficient. The discontented subscribers expressed themselves satisfied, and begged that they might have no more of Bedlam broke loose in prose and verse. Similar periodicals have been published in the United States. There is still in existence the *Meteor*, of Tuscaloosa, Alabama, and a periodical called the *Opal*, was at one time published in New York." It will be obvious from this that the newspaper recently established at Ward's Island was not original either in conception or title.

GRADUATION OF IRREGULARS.—There are forty-seven graduates of regular schools practising homœopathy in Illinois. Of these, five are graduates of Bellevue Hospital Medical College, four of Geneva Medical College. Jefferson, University of Pennsylvania and Rush Medical College graduated three each. Berkshire, Chicago, Medical University of Berlin, Germany, Long Island, Missouri, two each. Keokuk, University of Vermont, Miami, Medical University of Copenhagen, Denmark, Victoria (Canada) University, Dartmouth, Woodstock, Vermont, Starling, Nashville, University of Louisville, New York City University, New York College of Physicians and Surgeons, Western Reserve, Castleton, Vermont, Albany, one each.

SHIP-SURGEONS.—To judge by the reports of the Western immigration inspection, the following remarks by the *Nautical Gazette* respecting ship surgeons are not too strongly put.

"The average ship-surgeon is a species of medical fraud, so far as the practice of medicine is concerned. He goes to sea because he could not earn his salt on shore. There are some, however, who stand high in their profession, and take great pride in having a clean passenger list. We are quite prepared to believe that 'some steamship companies buy cheap virus in large quantities and keep it until it is all used up. Some of them would be satisfied to vaccinate their passengers with mucilage or sour flour paste for that matter, so as to save a penny. There needs to be an inspection of ship-surgeons as well as of immigrants. This we know from experi-

ence." The surgeons of the German lines, however, should be excepted. The results of the vaccinations of these gentlemen have been excellent. The ships having English surgeons have done very bad work. The ship-surgeon of England is often a black sheep whose family have put him where he can least disgrace it.

A LARGE DOSE OF CHLORAL.—Dr. M. J. Madison formerly of the New York City Asylum for the Insane reports (*Boston Medical and Surgical Journal*) a wonderful recovery from an overdose of chloral. Through the influence of friendship, a physician, addicted to liquor and chloral both, obtained a situation as assistant physician in that insane asylum. During the absence of the other physicians a patient was seized with a violent attack of epileptic mania, when the doctor in question administered from a vial in his possession *one ounce* of chloral hydrate dissolved in water, the patient sinking into a deep slumber within five minutes. The attendant's suspicion being aroused, medical aid was summoned, who applied the stomach pump, rinsing the stomach out with clear water, and then treated the poisoned man with hypodermic injections of whiskey and strychnia. It was, however, obvious to all present that the greater portion of the narcotic had already been absorbed in the circulation. The highly interesting part of the story is, that after a relatively natural slumber, lasting forty-eight hours, the patient recovered. Other than the prolonged slumber, no untoward results occurred, and no extraordinary phenomena presented themselves until the third day, when a vivid scarlatina form of eruption, involving the entire body, made its appearance, which fully disappeared within two days after its appearance. The patient's convulsions were fewer in number after his recovery from this excessive dose, but the buccal mucous membrane was for a long time markedly tender.

ABSURDITY ABSOLUTE, A NEW SIGN OF PREGNANCY.—*The American Journal of Obstetrics* says that Jorissenne (*Arch. de Tocologie*) has furnished a sign by which we can diagnose pregnancy during the first two months. Starting with the assumption that in pregnancy there is a hypertrophy of the heart (and this assumption, if erroneous, will not affect Jorissenne's results), he has found that, while in health there is a variation of from ten to twenty beats in the radial pulsation, according as the body is upright or horizontal, in pregnancy, no matter what the position, the beats number the same. Jorissenne has been able to diagnosticate pregnancy as early as the first month, when no other sign ex-

cept the missing of a menstrual period was present. When examining a patient for this sign, it is necessary to proceed with deliberation, first counting the radial for the space of fifteen seconds while the patient is standing, then sitting, then reclining. The order may then be reversed, and uniformly the same number of beats will be recorded. Jorissenne promises an explanation of this phenomenon in a future paper. [Who but an idiot would pronounce a woman pregnant upon such a test? E. S. G.]

COMMON LAW ON CONTAGION.—Judge Dixon (*Boston Medical and Surgical Journal*) in a charge to a Paterson grand jury said that a man who knowingly infected a person with a contagious disease could be indicted as a nuisance or in case the person infected died he could be indicted for manslaughter. This is the English common law on the subject and a judicious use of it by health officials might have salutary results on persons who concealed cases of small-pox.

DEAN SWIFT ought to have said something funny and appropriate, in regard to the prompt payment of subscriptions. It would have been quoted here.

HYDROCYANIC ACID EMBALMING.—Some of the properties of hydrocyanic acid have been tested by M. Brame. (*Chemical News*). Bodies of animals poisoned with it resisted decay for a year, although the temperature was as high sometimes as 100° F. Preserved in closed vessels they lose the peculiar bitter-almond or peach-blossom odor of the acid, and acquire that of the formate of ammonia found in the serous liquid. After embalming with the acid a little of some substance which absorbs water while hardening should be introduced.

CURARE.—(*Chemist and Druggist*) states that curare is not only a paralyzing but primarily a convulsing poison. Nor is it merely a peripheric poison; it to a certain degree affects the nerve centres also.

ALCOHOL FROM CHICORY.—The *Chemist and Druggist* asserts that chicory can be made to give an alcohol of a pleasant aromatic taste and great purity. An adulterant of higher value than the substance it is designed to simulate is never introduced, and for very obvious reasons.

POLIOMYELITIS FROM TOBACCO.—A case is reported from Indianapolis of a child who became a smoker under two years of age, beginning with very mild cigarettes, which his mother taught him to use in order to keep him quiet, and soon taking to strong cigars with great enjoyment. He at four was under treatment for poliomyelitis apparently produced by tobacco.

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ORIGINAL ABSTRACTS.

LUETIC TONSILLITIS.—Dr. Hamonic (*Deutsche Medizinal Zeitung*, No. 45, 1882) finds that during the secondary stages of syphilis the following changes occur in the tonsils. First: Simple hypertrophy which is tardy in development and often overlooked from the paucity of symptoms. Both tonsils are affected, though not equally. The tonsil enlarged forward bulging the anterior pillar of the fauces and rarely causes deafness. The uvula tends to follow the enlarged tonsil. The affection is sometimes amenable to constitutional treatment. Second: In hypertrophy associated with angina there is not much fever; the duration is variable and relapses are frequent. Third: In hypertrophy complicated by syphilides, the syphilide appears on the tonsil and anterior pillar of the fauces.

When a scrofulous tonsil is affected by syphilis, there is marked pain and extensive change. Luetic tonsils do not necessarily present any contra-indication to excision.

COPPER AMMONIA-SULPHATE IN NEURALGIA.—Dr. Féréol some time ago recommended ammonia-sulphate of copper in trigeminal neuralgia. Dr. Vaudenabeele (*Bulletin-Générale de Thérapeutique*, October 25th, 1882) has recently found this drug of marked benefit in certain cases of facial *tic douloureux*. In almost all it relieved the pain, sometimes immediately and restored sleep to patients deprived of it for weeks. The dose was from one and a half grains to two and a quarter increased according to the sensibility of the patient, to three and five grains. The digestion was somewhat disturbed.

AMMONIA-SULPHATE OF QUININE.—Dr. Féréol (*Journal de Thérapeutique*, October 25th, 1882) has found ammonia-sulphate of quinine in one and a half to two and a half grain doses given twice daily for a fortnight, of value in certain cases of tregemi-

nal neuralgia, its effect being proportioned to the amount of congestion produced.

DEAFNESS AFTER MUMPS.—Of this complication of parotitis but five cases have been recorded. To these Dr. J. Seitz (*Correspondenz Blatt für Schweizer Aerzte*, October 1882) adds a sixth. A nineteen year old student was attacked by bilateral parotitis of considerable intensity but unmarked by cerebral symptoms. The sixth day after the patient seemed well. Two days after he complained of tinnitus aurium, deafness on the right side and dizziness. The drum of the right ear was thinned, opaque, and slightly sunken. The left ear exhibited evidence of middle-ear catarrh of old date only. There was slight tinnitus of this ear of brief duration. The tinnitus of the right ear and dizziness disappeared in two weeks, but the deafness was permanent.

HELENIN IN TUBERCULOSIS.—At one time elecampane root enjoyed some reputation as an agent in the treatment of phthisis. In the cycle of changes going on in therapeusis this drug like everything else, fell into disuse and is again attracting attention. Helenin, a crystalloid substance found in it and having the formula C_6H_8O , has recently been made the subject of experiment by Dr. De Korab (*Comptes Rendu Tome XCV.*) He found that if the bacilli of tuberculosis, were suspended in sterilized serum in tubes into some of which helenin had been introduced, the organisms multiplied in the non-helenized tubes but failed to develop in the others. The former liquid produced tuberculosis in animals; the latter did not. Helenin injected into animals prevented them from being affected by tuberculosis. In cases where tuberculosis existed an injection of helenin affected it favorably. De Korab seems to have done more with his tubercle bacilli than Koch their discoverer.

ODOFORM AND LEUCOCYTES.—The diapedesis of leucocytes is an important element of pathological

changes. The passage of the white corpuscles through the walls of the vessels was regarded by Cohnheim and Hering as due to changes in the walls of the vessels. Binz, on the other hand, believes that the leucocytes pass through the vascular wall by fastening themselves to it and digesting it at the point of attachment to form a passage. The leucocytes act as destructive ferments on any part of the vascular wall to which they adhere. Binz has ascertained (*Virchow's Archiv Band LXXXIX.*) that iodoform prevents leucocytes from passing out of the vessels and prevents the further wandering of those already out. The iodine of the iodoform exerts this action. Prudden has found that carbolic acid exerts a similar influence. Salicylic acid has the same power. This power explains, Binz believes, the action of iodine, and potassium iodide in croupous pneumonia, malaria, diphtheria etc. Iodine acts upon the cells to cause first stimulation, then paralysis and if long enough continued complete destruction.

MALARIAL HERPES LABIALIS.—Drs. Verneuil and Merklen (*Annales de Der Matologie, Tome III.*) find that this affection presents no special difference from other herpes. It is produced by congestion of the cutaneous nerve twigs from a local effect of the malarial poison and may be preceded and accompanied by vaso-motor derangement and altered sensibility of the skin of the affected part.

CAPILLARY PUNCTURE IN HYDATID CYSTS.—Dr. A. Borgherini (*Gazetta Medica Italiana*) has recently reported four cases of echinococcus cyst treated by capillary puncture and withdrawal of a small amount of fluid. Three were cured, but in the fourth a second puncture completely evacuating the cyst was found necessary. A hypodermic syringe needle was used to make the puncture withdraw from a half to two drachms of fluid. The temperature rose slightly after each operation. Improvement followed within fifteen days. Dr. Borgherini believes that the parasite was killed either by the altered tension produced by the withdrawal of the fluid and consequent disturbance of its nutrition through interference with osmosis, or by the direct traumatic influence of the puncture.

THE ACTION OF SODIUM SALICYLATE on the heart has attracted considerable attention of late. Liebermeister claimed that this salt should never be prescribed in case of cardiac weakness. Dr. Maragliano, Genoa, Italy, (*Centralblatt für die Medicinischen Wissenschaften*, December 2d, 1882) found, after a triple series of experiments that—

First: As the dose was gradually increased in persons taking the drug regularly, the pulse grew progressively stronger. Second: After administration of a single forty-grain dose, the pulse was stronger; the increase appeared an hour after the dose; was greatest in two or three hours and disappeared after from three to five hours. Third: Arterial pressure rose about an hour after the exhibition of a single forty-grain dose, and returned to the normal state three hours afterward. Maragliano believes that these experiments show that the drug does not depress the heart.

CHLORAL HYDRATE AS A PURGATIVE.—Bonatti (*Archivio Italiano per la Malattie Nervose Fasc v.*, 1882) claims that chloral hydrate, used in combination with senna or other purgatives, gives them increased purgative power.

ERGOTINE IN DELIRIUM TREMENS.—Arnoldow (*Wratsch* No 37, 1882) finds that from one to one and a half grains daily of ergotine has yielded very good results in seven cases of delirium tremens. He founded this use of ergotine on his experience with a case of delirium tremens complicated with hæmoptysis for which latter ergotine was prescribed.

PERIODICITY IN INSANITY.—Dr. Clouston (*Edinburgh Medical Journal*) comes to the conclusion that periodicity and a tendency to alternations of elevation and depression is an almost universal characteristic of mental diseases much more marked where they are very hereditary than in any other cases more common in youth, puberty, and adolescence that it is in its essential nature merely the exaggerated or perverted physiological diurnal, menstrual, sexual, or seasonal periodicities of the healthy brain, and that these cases that have been called *folie circulaire* are merely typical or exaggerated or more continuous examples of this universal tendency. Another very remarkable fact about the typical form of alternating insanity is that by far the greater number of persons who suffered from it were persons of education, far more than a due proportion of them were persons of old families. He has never met with a fine case in a person whose own brain and whose ancestors' brains had been uneducated. It seems to Dr. Clouston, that the tendency to alternation of mental condition, to energize at one time with morbid hurry and then with morbid slackness, is one of the forms of brain instability which specially results from civilization. These statements are a little too positive, and the real explanation is found in the fact that old families

intermarry, and heredity is the great factor in producing "*folie circulaire*"; the circular insanity of the English and American authors.

DOUBLE MONSTERS.—Dr. Paul Bert, (*Nature*) has recently described a human monster exhibited, living at Geneva, Switzerland, and aged five years, having been born at Turin in 1877. It has two heads, four arms, and two chests, but one abdomen and pelvis, and two legs; that is, it is double above the middle of the body. The fusion of the two bodies begins at the sixth rib. From due examination and what has been observed in previous monsters of the kind (they were named Xiphodyme by Isidore-Geoffroy St. Hilaire), it may be affirmed that there are four lungs, two hearts, and two stomachs; the small intestine is double at its commencement, but in greater part single. There are really two individuals. The right leg obeys only the right individual, who alone feels pinching of it; and similarly with the left. The sensibility of each half of the body is in exclusive *rapport* with the head of the same side. The two individuals were baptized doubly under the names of Jean and Jacques. They are equally developed from physical points of view (except a slight club foot on Jacques' leg), and intellectually they are much alike. Their intelligence is normal; they reply to questions of visitors in French, Italian, and German. They seem gentle and amiable, also lively, often playing together while lying on cushions, or on the knees of their reputed father. It is said they have never been ill. It has been shown, in the case of other double monsters, that one may have an inflammatory fever, while the other continued well; but the like would not occur with infectious disease or poisoning. Several cases of these Xiphodyme monsters have been reported; but very few have lived.

WASTING PALSIES OF THE ARM.—Verordt (*Deutsches Archiv. für Klinische Medizin*, August, 1882) calls attention to the following points of differential diagnosis in these affections. First: Traumatic peripheral paralysis. The motor symptoms are limited to the sphere of the affected nerve. The sensory troubles do not progress in a parallel manner with the motor. Electro-diagnosis yields contradictory results. Second Peripheric Neurosis. The motor affection is limited to the nervous territory affected. Muscular feebleness usually precedes the atrophy, but the two may be co-existent. Sensibility is abolished in the territory affected, often in a small part only, sometimes co-existent with the trophic and motor affection—diagnosis yields variable results. Degenera-

tion reaction complete or partial in the majority of cases. Tumefaction along the path of the nerve with local pain and centripetal irradiations. Third: Progressive muscular atrophy is more or less diffuse; sometimes very irregularly spread, always corresponds to certain nerve territories. It originates in the muscles of the hands. Atrophia and paresis progress side by side. No sensibility trouble. Degeneration reaction always, at least partial, sometimes complete at onset. Fibrillary contractions are very frequent. Fourth: Chronic anterior poliomyelitis. Irregular muscular degeneration. The paresis first appears ordinarily; the atrophy follows, but there are intermediate forms, and there may be complete parallelism. The degeneration reaction is either complete or partial.

UTERINE DISPLACEMENTS.—Dr. Wedeler (*Archiv. für Gynäkologie*, No. 2, 1882) after an examination of 3012 women, has found the uterus in the normal situation in fifteen per cent; anteverted in about twelve per cent; retroverted in about ten per cent; anteflexed in about fifty-four per cent; retroflexed in about eight per cent; prolapsed in about five per cent. According to these figures, which seem somewhat suspicious, the normal state was the exception, and it is possible that the personal equation, as to what was a normal state, is to some extent visible in them still. Dr. Wedeler admits that displacements are often present without obvious symptoms. Anteflexion was most frequent in virgins.

ANEURISMAL VARIX. CORE OF THE VEIN WOUND.—Dr. Polællon (*L'Union Médicale*, December 12th, 1882) has described an aneurismal varix, which became purely arterial by the obliteration of the opening in the vein. The case occurred in the practice of Dr. Gripal of Angiers, France. The patient, at the age of eleven, wounded himself in the arm. Aneurismal tumor, the size of a small nut at first resulted, which remained stationary for forty-two years, and then suddenly enlarged and was accompanied with considerable swelling of the forearm, and a seemingly immediate danger of the sac rupturing. The amputation of the arm was indicated and practised, the operation being performed with all antiseptic precautions. Recovery followed without accident. The sac was found to be filled with fibrinous clots, the humeral artery was flattened and atheromatous. The humeral vein was obliterated to the upper part of the arm. The entrance of the vein into the sac indicated that there had been, at the time of the wound, a communication between artery and vein interrupted subsequently by a phlebitis, a thrombosis, or by clots forming at once in vein and artery.

ORIGINAL ARTICLES.

ART. I.—REMARKS ON THE TREATMENT OF ACUTE PNEUMONIA. By J. L. CABELL, M.D., Professor of Physiology and Surgery, University Va.

CASE.—Pneumonia of left side complicated, during the stage of resolution, with remittent fever of malarial origin. Recovery.

R. C. W., æt. 19, student, having very recently recovered from a severe attack of bilious remittent fever, which was contracted in a malarious region in the Eastern part of North Carolina, and which left him weak and anæmic, spent several hours of the evening of October 26th in a densely crowded room which was overheated. Leaving this room in a state of fatigue he was exposed for fifteen or twenty minutes in an open carriage to a cold North wind. No ill effects were experienced that night, nor on the following day, until about 7 o'clock, P.M., when he had a severe chill with violent pain below the left shoulder. An anodyne was administered and counter-irritation, by means of turpentine stupes, applied to the chest.

Oct. 28th.—Patient sufficiently relieved to enable him to sleep a few hours in the early part of last night, after which he was, by the report of the nurse, very restless. Had a spontaneous movement from the bowels this morning.

Pain in the chest, though very much lessened, is still a source of distress. Pulse 110; respiration 30 or more; but little cough and no expectoration; respiratory murmur obscure in left lung posteriorly above and postero-laterally below. On forced inspiration, fine crepitation is occasionally heard; slight dulness on percussion within same limits nearly. Ordered five drops of Norwood's tincture of veratrum viride, with an equal quantity of tincture of opium and half a drachm of sweet spirits of nitre, to be given every three hours; counter-irritation with warm spirits of turpentine, to be repeated.

29th.—Spent a restless night, but slept a little toward morning; pulse reduced to 92; bronchial respiration and bronchophony; increased dulness on percussion; absence of chlorides from the urine; treatment continued. Evening—Pulse reduced to 75 and respiration to 20; tincture of veratrum to be continued in diminished doses, namely three drops every six hours. If necessary to produce sleep, thirty drops of tincture of opium to be given.

30th.—A good night's rest obtained under the influence of the dose of laudanum; pulse 84; respiration 22; scanty pneumonic sputa; physical signs of percussion and auscultation unchanged;

tincture of veratrum to be continued, in doses of four drops, every three hours; beef tea. Evening—Pulse 70; other symptoms as in the morning; dose of tincture of veratrum reduced to three drops every six hours.

31st.—Spent a comfortable night, after taking thirty drops of laudanum, having been previously wakeful and restless; freer expectoration; a little sub-crepitant râle heard in a portion of the affected lung. The addition of a solution of nitrate of silver to the patient's urine, acidulated with nitric acid, causes a slight whitish turbidity, showing a trace of chlorides heretofore absent. Pulse 78; continue treatment.

Nov. 1st.—Improvement progressive; bowels moved by an enema; treatment continued. Evening—Patient very restless; there is some delirium; face flushed; pulse 116; respiration 34; increased cough. *Physical signs indicate progressive resolution throughout the affected portion of the lung, and there is no extension of the original limits of the disease. Chlorides of the urine considerably more abundant.* Tincture of veratrum, five drops; and liquor ammoniæ acetatis, half an ounce; to be given every three hours, until reduction of the fever, or copious diaphoresis.

Nov. 2d.—Nurse reports that the fever rose during the night to a higher pitch than is indicated by the record made last evening, but began to abate soon after midnight, with free perspiration, after which the patient enjoyed good rest; pulse 78; respiration 18; epistaxis; chlorides in increased quantity; patient complains of weakness; milk toddy allowed in addition to beef tea; medicines continued. Evening—Rise of fever similar to that of yesterday; ordered the same remedies, with the addition of ten grains sulphate of quinia, to be administered as soon as perspiration is established.

Nov. 3d.—Fever reduced. The quinine was given early this morning. Auscultation and percussion of the chest, and the condition of the urine as to quantity of chlorides, denote progressive resolution. Quinine to be repeated at midday. Evening—Patient fully under the influence of the quinine; no rise of fever; pulse 70; respiration 18.

Nov. 4th.—Patient passed a good night, and is now entirely free of fever; has appetite, which he is now permitted to indulge. Quinine given early this morning, and ordered to be repeated at noon. No further treatment for pneumonia.

Nov. 6th.—Quinine used in anti-periodic doses until to-day. All treatment suspended from this date.

Commentary.—This case presents a feature of in-

terest in the occurrence of febrile paroxysms of a remittent type, which appeared as a complication in the latter stages of the pulmonary affection. It is well known that numerous medical observers of the highest respectability, both in this country and in Europe, have maintained that pneumonia is nothing more than a peculiar form of remittent or intermit-tent fever, in which the lungs, from sudden transi-tions of temperature, are made to bear the burden of local disease. Thus, according to this doctrine, the disease in question is simply the pneumonic form of periodic fever.

These views have, I think, been decisively refuted by Dr. La Roche, of Philadelphia, in his elaborate work on "pneumonia and its supposed connection, pathological and etiological, with Autumnal Fevers;" but as they still prevail in certain portions of the country, and determine, to a large extent, the course of treatment pursued by those who uphold them, it is not out of place to present additional evidence of their fallacy.

The special point of interest in this case is the fact of the supervention of paroxysms of malarial fever, of such severity as greatly to alarm an intelligent and experienced professional nurse, without, in the slightest degree, affecting the favorable progress of a pneumonic inflammation, then undergoing resolution. The evidence thus furnished of the distinctness of the two pathological conditions was very striking. It is not, I think, difficult to understand the apparent benefit which results from the use of quinine in the treatment of certain cases of pneumonia in malarious regions in certain seasons. In point of fact, the cases consist generally of attacks of periodic fever, with the pneumonia as a complication; and, as the latter disease has a natural tendency to resolution, which is facilitated by supporting diet, the quinine, in curing the fever, gets the credit of curing the pneu-monic lesion as well.

The long disputed question as to the best general method of treating acute pneumonia, so earnestly in-vestigated and discussed by many of the leading minds in the medical profession during the last fifteen or twenty years, can scarcely yet be held to be definitely settled as to all the points involved.

To Dr. J. H. Bennett, Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, is undoubtedly due the credit of having taken the lead in substituting for the severely anti-phlogistic system of treating pneu-monia which had previously prevailed, the support-ing plan now more generally adopted, and in demon-strating the superior efficacy of the latter mode of treatment by a strict numerical analysis of the re-

sults of the two methods. I am sorry to know that many of the readers of *Gaillard's Medical Journal* have not seen Dr. Bennett's "Clinical Lectures," in which the statistics of this subject are given at great length. I shall accordingly make no apology for reproducing them in a condensed form.

There were treated in the Royal Infirmary of Edin-burgh, from July 1st, 1839, to October 1st, 1849, (after which latter date Dr. Bennett took charge of of the institution,) 648 cases of pneumonia, with a mortality of 222, or one in two and nine tenths.

The total number of cases recorded by Louis, in his work entitled "*Recherches sur les effets de la Saignée*," was 107, with a mortality of thirty two, or one in three and one third. In seventy eight of these cases which occurred at the Hospital La Char-ité, bleeding was performed from the first to the ninth day, and the deaths were twenty eight, or one in two and four fifths. Of the remaining twenty nine cases, which occurred at La Pitié, the bleeding was performed earlier—that is, during the first four days—and of these only four died, that is, one in seven and one fourth. All the patients had enjoyed excellent health when they were attacked.

Rasori treated 648 cases by large doses of tartar emetic, with a mortality of 143, or one in four and a half, which he regarded as decidedly more favorable than the results of the treatment by blood-letting, as generally practised in his day.

Grisolle gives the results of 232 cases treated by him, or under his observation with *moderate* blood-letting. One group of cases, fifty in number, were bled only in the first stage of the disease. Of these only five died, or one in ten. Those cases that died were bled most largely, each losing about four lbs. four oz. of blood in successive bleedings. Of 182 cases that were bled in the second stage thirty two died, or one in five and a half. Of the whole 232, the mortality was one in six and a third.

Dr. Dietl treated 380 cases of primary pneumonia in the Charity Hospital of Vienna, eighty five by venesection, 106 by large doses of tartar emetic, and 189 by diet only, with the following result:

	<i>Venesection.</i>	<i>Tartar Emetic.</i>	<i>Diet.</i>
Cured.....	68	84	175
Died.....	17	22	14
	—	—	—
	85	105	198
Deaths.....	1 in 5	1 in 4 4-5	1 in 13 ½

It was further observed that of the cases treated by blood-letting, seven of the fatal cases were uncompli-cated, while of the cases treated by diet, not one of the fatal cases was an uncomplicated one.

Dr. Bennett, at the date of the publication of the

third addition of his "Clinical Lectures," in April, 1859, had treated seventy-eight cases, with a mortality of three, or one in twenty-six, in the same Infirmary in which immediately previous to his term of service, there had been for a period of ten years, namely from July, 1839, to October, 1849, a mortality of one in two and nine tenths. Moreover all the fatal cases were very badly complicated, one with uncontrollable diarrhoea, the autopsy revealing extensive follicular disease of the mucous membrane of the duodenum, jejunum and chiefly the ileum. Another was complicated with persistent albuminuria and anasarca, but no post-mortem examination could be obtained. The third case, that of a drunkard, was complicated with delirium tremens and latterly violent convulsions. On dissection, in addition to pneumonia, there was found universal cerebral meningitis with exudation at the base, as well as over both hemispheres. Of the uncomplicated cases, sixty-five in number, not one died, though many were very severe, involving the whole of the lung, and in thirteen cases, portions of both lungs. In a more recent (fourth) addition of the "Clinical Lectures," which I have not seen, Dr. Bennett, as I learn by a note in the last edition (1866) of Wood's Practice, reports fifty-one additional cases with one death, making in all 129 cases and four deaths, that is a mortality of one in thirty-two and a fourth, or excluding the fatal cases as being all complicated, (Prof. Wood makes this statement but gives no particulars respecting the last fatal case,) we have the remarkable result of 125 cases of uncomplicated pneumonia treated, and all brought to a happy termination.

The method of treatment which produced this marvellous result consisted, as we are informed by Dr. Bennett, "in furthering the natural progress of the disease." He systematically abstained from all attempts to cut the disease short, or to weaken the pulse or vital powers, and on the contrary aimed to further the necessary changes which the exudation must undergo in order to be fully excreted from the economy. "To this end," he states, "I content myself during the period of febrile excitement, with giving salines in small doses with a view of diminishing the viscosity of the blood. As soon as the pulse becomes soft, I order good beef tea, and nutrients, and, if there be weakness, from four to eight ounces of wine daily. As the period of crisis approaches I give a diuretic, generally consisting of a half drachm of nitric ether, sometimes combined with ten minims of colchicum wine, three times daily, to favor excretion of urates. But if crisis

occurs by sweat or stool, I take care not to check it in any way."

The treatment recommended by Dr. Todd, Physician to King's College Hospital, though based upon peculiar views as to the pathology of the disease, which he conceived to depend upon the retention in the system of a *materies morbi* that should be eliminated, was yet substantially the same with that pursued by Dr. Bennett. This eliminative treatment consisted "in promoting the secretions of the skin and kidneys; at the same time paying due attention to the condition of the digestive organs and bowels." The aim was to induce free sweating with a moderate action on the bowels, while gentle counter-irritation was applied to the chest. Finally the system was supported by the liberal, but well regulated administration of good nutritious food. If blood was taken, it was only with the view of relieving pain, and for this purpose Dr. Todd preferred the application of a few leeches over the painful spot, but he considered it sometimes expedient to take a little blood from the arm when the dyspnoea was extreme. "To bleed or not to bleed," said this gentleman in one of his clinical lectures at King's College Hospital, "is often a question in pneumonia, and one which I earnestly recommend you, as a general rule, to decide in the negative rather than in the affirmative."* He treated twenty-five cases from 1840 to 1847 by the reducing system, namely, bleeding, the application of blisters, the exhibition of tartar emetic, and the more or less free use of mercury, with a mortality of one in six. From 1847 to 1850, he treated fifty-three cases by the eliminative and supporting plan with a reduced mortality of one in nine—a decided gain as compared with the result of the reducing treatment practised in the same hospital, and it is to be presumed on a precisely similar class of patients, though it falls very far short of the success achieved by Dr. Bennett.

Professor Wood, of Philadelphia, adverting to this unprecedented success of Dr. Bennett's treatment of pneumonia, attributed it to the general existing asthenia among the poorest people in Edinburgh. This argument is made, I think, to prove too much. It may indeed satisfactorily account for intolerance of blood-letting and other reducing treatment; but used to explain the wonderful success of Dr. Bennett, it implies that pneumonia among the poor and wretched is a less dangerous disease than when it exists among the more favored classes of society, which is not, I believe, supported by ex-

*R. W. Todd, M.D., F.R.S., Clinical Lecturer on Certain Acute Diseases. London, 1866.

perience, and, in fact, seems to be a sort of *reductio ad absurdum*. Moreover, Professor Wood, in asserting that asthenic pneumonia in Edinburgh is an eminently mild form of the disease, disregarded the positive statements of Dr. Bennett, already cited, to the effect that many of his cases "were very severe, involving the whole of one lung, and, in thirteen cases, portions of both lungs."

Like Dr. Todd, Dr. Bennett did not absolutely reject blood-letting in all cases. He denied that it exerts a curative influence over the progress of the pneumonic inflammation, but admitted its value as a palliative for the relief of pain and dyspnoea in certain cases.

While the superior efficacy of a general plan of treatment which is mainly restorative, as compared with the reducing system formerly practised, has been thus clearly substantiated, there are some subordinate questions which are not yet definitely settled, but require further careful observation.

One of these questions has reference to the utility of moderate bleeding at the outset of sthenic cases, not merely to palliate distressing symptoms—for in this indication its utility was conceded even by Dr. Bennett—but with a view to modify the subsequent course of the disease.

An interesting paper published in the *Edinburgh Medical Journal*, for July, 1860, by Dr. Alexander Smith, presents a highly favorable view of the value of blood-letting "at the outset of pneumonia in its sthenic form." The statements of the writer are deduced from his experience of 108 cases in soldiers treated at various stations in Canada. There were three deaths, giving a mortality of one in thirty six. It is to be borne in mind, however, that the subjects were all young, vigorous men, previously healthy; that the cases were taken in hand at the very commencement of the attack, and that the bleeding was practised only at this early period—so early, indeed, that a well-founded doubt may be entertained as to the certainty of the diagnosis in some of the cases. For though Dr. Smith, in stating that he had never succeeded by blood-letting in cutting short the disease, or in arresting it in the stage of engorgement—which stage was "indicated by obscurity of the respiratory sounds," at the seat of engorgement, or by "exaggerated respiratory sound" in its immediate vicinity—seems to consider his diagnosis fully verified by the fact that in every case so treated "small crepitation seemed to undergo an earlier development," he yet adds that "in no case so treated did red hepatization take place." Now, this experience is so peculiar that it is impossible to avoid the suspicion that in some of the cases a sub-crepitan râle,

betokening a bronchitis of the smaller tubes, may have been mistaken for small crepitation. The author himself refers to bronchitis as a complication in some of the cases, for he states that "neither were the bronchitic sonorous râles occasionally audible along with large and small crepitation near the middle of the lungs, in the course of some of the cases, confounded with the blowing sound of bronchial respiration heard when true hepatization was present." He concludes by wishing "it to be distinctly understood that, while advocating the employment of blood-letting at the outset of sthenic cases of pneumonia, such as are seen in young and previously healthy soldiers; and while maintaining, also, from actual observation, that the good results which follow such a mode of treatment surpass, in a marked degree, those obtained from any other combination of remedies, I do not in any way call in question the value of that mode of treatment termed "restorative," as applied to a particular class of cases, and which have been employed with so much success in the treatment of pneumonia as seen in civil hospitals in Britain."

A second subordinate question of great importance, has reference to the value of mercurials, so largely used in this and very many other States, with the view of hastening the resolution of the hepatized lung by promoting the absorption of the plastic exudation. My own conviction is, that such a use of this drug is mischievous, and that the injurious effects which have been traced to its abuse have brought into general discredit with a large class of eminent practitioners a therapeutical agent which, for some other highly important purposes, is really invaluable. This, however, is merely a personal opinion, and, unsupported by statistical facts, has no weight as an argument. Further careful observations are needed to settle definitely the *questio vexata* as to the influence of mercurials on inflammatory exudations in general, and on the course of pneumonic solidifications in particular. I venture to throw out the suggestion that medical societies everywhere would do well to set on foot a proper plan for the collection by their members of reliable data for the solution of these and other important questions respecting the treatment of pneumonia. The *opinions* of members are of no avail. On every such question the most opposite opinions are held with equal tenacity, and urged with equal emphasis, by equally respectable practitioners. Let all agree to keep a faithful record of the phenomena and treatment of *all* their cases, whatever be their termination, and to place these records among the archives of a society, until a sufficient number shall have

been collected to furnish grounds for safe generalizations respecting the value of different remedial agents in the treatment of acute pneumonia.

It will have been observed that a pretty liberal use was made of Norwood's tincture of veratrum viride in the treatment of the case reported above. My experience with this agent is not sufficient to warrant a very decided expression of opinion as to its value. I derived the most favorable impressions of its efficacy in reducing the frequency of the pulse without unduly depressing its force, and in coincidentally lessening the number of the respirations, while a free action of the skin and kidneys was induced, from a very limited experience in private practice before the war. Its employment in hospital cases, during the early stages of the war, proved so unsatisfactory that its use was wholly abandoned. In private practice I have never known it to produce depression until the point of saturation had been obtained, as indicated by alarming nausea and vomiting, which was generally, if not always, preceded for some hours by the phenomena of an intermittent pulse. This indication usually enabled me to anticipate and prevent the occurrence of nausea, by suspending the remedy, and administering brandy in moderate doses.

SINGULAR GUN-SHOT WOUND. By JOHN F. MCKENZIE, M.D., Le Roy, Ill.

I was called on the 18th of November, 1878, to see a very singular case of gun-shot wound of the head. I am well aware of the fact that thousands of men have been shot in the head and recovered therefrom. Yet I have failed to find in my works upon surgery, including the surgical history of the War of the Rebellion, a parallel case to this.

When I reached the patient I found him sitting in a chair conversing pleasantly with his friends, he remarked to me as I entered the room that he had a small hole in his head, but that the ball had lodged under the skin, I took out my probe and started to follow the track of the ball, fully expecting to find it at some point under the scalp, but judge of my surprise when the probe passed readily through the calvarium a distance of two inches. I should have said that the wound was situated near the articulation of the occipital and parietal bones on the right side of the head.

The probe would be forced almost out of the wound when let loose, I then bent it and passed it within the skull, and turned it completely around, but failed to find anything except a smooth resilient surface that would yield as I would make pressure and return when this was removed. I now requested that my friend Dr. J. L. White, of Bloom-

ington, be called, he came at ten P.M., and made a careful examination and we determined not to trephine, but as there was no evidence of brain pressure to await developments; our conclusion was that the ball had penetrated the skull and had *torn* the dura mater, instead of puncturing it, loose from its bone attachment for a space of at least two inches, and had settled down between it and the skull. We applied cold-water dressings and left the patient for the night. The wound in four or five days began to suppurate freely; at every effort at coughing large quantities would be discharged. I saw him every day for about three weeks, when he began to walk about and finally felt able to ride to town which he did. I extracted pieces of exfoliated bone, perhaps a dozen in all. In the meantime the man was attending to his usual avocations, occasionally feeling a slight uneasiness in the head but never amounting to much. About nine months from the time he received the wound he came to my office complaining that his head felt peculiar and wanted me to examine it, which I had not done for several weeks. I found a small scalp opening which admitted the probe and which still gave out a small quantity of matter; the probe passed into the skull, and for the first time I felt a hard movable substance. I slit up the wound and with my artery forceps I seized and drew out *the bullet*.

Now I am convinced that my first impression was correct, and that the ball had actually torn away the dura mater and in the process of healing, it had been driven before it from the circumference to the centre until it made its appearance at the place of entrance.

THREE INCHES OF A STEEL BLADE IN THE BRAIN AND NO SERIOUS RESULTS FOLLOWING. By J. S. BECKWITH, M.D., Petersburg, Va.

I have heretofore refrained from publishing this, to me, the most remarkable case that has occurred to me in a practice of more than forty-five years, because it appeared so marvellous in its results—but having recently met with a somewhat similar case reported, I venture to give you a simple statement of the facts as they occurred—I write from memory, but all material statements are substantially correct.

It was in the fall of 1864, during the period of the bombardment of Petersburg by the Federal Army; for through the whole nine months of that terrible bombardment, when shrieking shells burst in our houses and streets, carrying death and destruction in their train, I remained within its limits, seeking—with my neighbors—refuge in my "bomb-proof," like rabbits in their burrows—except when called to visit the sick, who could not leave

their homes—preferring the danger of death from the shells to starvation and refuging in the woods.

It was on one bright moonlight night, that I was called to visit a friend in Chesterfield County, some four or five miles from the city; as I crossed "Campbell Bridge," which spans the Appomattox River, dividing Dinwiddie from Chesterfield county, that a Confederate soldier passed my buggy, and rapidly rode to the rugged hill before me. Upon reaching the top of the hill, where stands Ettrick's Factory—at the corner of the street leading to the factory—I saw my soldier in company with two other men, *not in uniform* (perhaps some fellows in soft places). I heard my soldier say, "I can whip both of you;" no sooner said than he gave one a left-handed blow which landed him against the corner building; instantly he aimed a right-hander to the other which brought him to the ground; he was on his feet in an instant, and stooping down, he thought picked up a stone, and threw it at the soldier, who dodged, and received the weapon on his head, with a dull thud—instantly the three parted company, and ran in different directions—it was the work of a moment, but in the bright moonlight I saw it clearly. The soldier ran up the main road, I drove on, and about three hundred yards ahead of me, I saw the soldier waiting for me, he had recognized me, and as I approached him called out "Dr. B.—please do me the favor to pull this knife out of my head." I immediately left my buggy and went to him, asking his name and regiment, he answered "my name is Atkison 12th Virginia Regiment, and I tell you, doctor, I helped take your son from the battlefield of Seven Pines." This was the man I had been looking for, for after the battle of "Seven Pines" three brave fellows had risked their lives, in going into the enemy's lines, and secured the body of my eldest son, bearing it to the rear and giving it burial, and so marking the spot, that I was enabled to recover his remains, and lay them in Old Blandford Churchyard. My heart went out to him at once. Upon examining him, I found sticking from the top of his head the handle of a large one-bladed pocket knife about three and one half inches long, along the line of the sagittal suture, about one and a half inches from its junction with the coronal suture, *the blade up to the hilt, sunk in the brain*. I confess, I was terribly shocked. I directed my driver to steady his shoulders, while I made an effort to extract the knife, but my best efforts failed; I then changed places with my driver, and he gave a pull with all his might—the knife remained stationary. Upon looking around for help, I saw three Confederate soldiers coming down the road. I hailed them, and

requested their assistance in taking the knife from their comrade's head. "Knife in his head—the d—l," said one of them; "why don't he keep it in his pocket?" I answered, "Don't mind about that, come and help me." The speaker was a stout six-footer, large in proportion. "Well, let me try," he said, "and depend on it when I pull, something must move; you keep his head on his shoulders." With that he gave a steady pull with all of his strength; the knife was immovable. "Well," said the six-footer, "that knife must be growed in the top of that man's head. But give me another trial. Boys, steady his shoulders, and be sure to keep his head on. Friend," he said, addressing the soldier, "can you stand it?" Atkison answered, "Don't stop to talk to me, pull it out." The six-footer placed his knee against Atkison's breast, and gave a lunge, bringing his whole strength and might to bear on the knife, and out it came—a blade, spear-shaped, about three inches long. Atkison straightened himself up and said, "Doctor, please give me that knife;" he took it, closed the blade and put it in his pocket, saying, "Well, I have made a knife by the transaction." I of course looked for some serious results, some internal hæmorrhage, but Atkison made no complaint, said he felt quite well, and was about to leave me, and go on his way. I said, "No, my boy, that won't do, you get into my buggy and we will go to the nearest hospital, for you may need treatment." Rather reluctantly he acceded to my request, stating that he was not hurt. I took him to a Confederate hospital some mile or two distant, delivered him to the surgeons, describing his case, and telling them of my personal interest in the man. I had a promise of the best attention. I then passed on my way to visit my patient. I called the next day and found Atkison doing remarkably well, with no evidence of injury, and in a few weeks he was again with his regiment, as good a soldier as ever, and remained with the army until its surrender at Appomattox, C. H. I heard from him two years after the close of the war; he had never suffered any inconvenience from the effects of three inches of cold steel having been imbedded in his brain. Now, doctor, I have given you the simple facts, of this, to me the most remarkable case. I can only suppose that the blade of the knife passed between the lobes of the brain, severing no vessel, and the bony structure was forced in by the impetus of the knife, and held it closely lodged; in drawing it out the bone was brought into its normal position and admitted no atmospheric air—how else can we account for this perfect immunity from all bad results? I certainly looked for fatal results.

SELECTIONS.

A CASE OF ANEURISM OF THE AORTA RUPTURING INTO THE PERICARDIUM. By H. C. GUINNESS, Surgeon-Major, A.M.D., in Medical Charge, Station Hospital, Western Heights, Dover.

Corporal A. D.—, Royal Irish Rifles (83d), age twenty-three, service five years (no history of syphilis, alcoholism, or rheumatism) was admitted into Station Hospital, Western Heights, Dover, on October, 24th last, with inflammation of external meatus. In spite of the treatment employed the pus became very fetid, showing its neighborhood to bone, and there was considerable constitutional disturbance with high temperature, etc. He became low and weak, requiring stimulants, etc., but no delirium or head symptoms occurred. During his life he had no symptom to direct attention to the heart or great vessels, and there was no suspicion of the existence of an aneurism. On November 12th, about 2 P.M., after his ear was syringed, he fell back in bed and expired almost immediately. As will be seen by the post-mortem report, the case is one of exceptional interest, owing to the mischief caused by the aural inflammation, the plugging of the lateral sinus and jugular vein, and the probability of this being the cause of the rupture of the aneurism by the increased pressure on its coats, also by the very small size of the aneurism. The post-mortem report I send in full, as furnished by Surgeon Skinner, Army Medical Department.

Necropsy.—Body pale and emaciated, rigor mortis well marked. On removing the skull-cap, the dura mater was found to be unusually adherent to the structures beneath, just above the torcular herophili. The left lateral, petrosal, and cavernous sinuses were filled with ante-mortem clot; also the jugular vein in the jugular fossa, and for about an inch below that point. The brain substance was firm; but presented nothing unusual on examination beyond general emptiness of the veins. The left auditory meatus contained pus; it communicated with the jugular fossa by a perforation. On opening the chest, the pericardium was observed to be distended to its fullest extent by a dark substance. On opening it some reddish fluid—in amount about two ounces—escaped, and the heart was found surrounded by a firm dark-colored clot, which on removal weighed ten ounces. This clot was found to be especially adherent to the anterior surface of the first portion of the aorta; on removing it from this situation, a small aneurism was found rather larger than a hazel nut, with a perforation in its centre admitting a medium-sized bristle.

The heart had a considerable quantity of fat externally and was firmly contracted. Its muscular structure was pale on section. The valves were healthy, but all the orifices were rather small. The aorta presented commencing atheroma in small quantity throughout its whole thoracic portion. The mouth of the aneurism was small, with a ragged margin, and blood-stained for about one eighth of an inch round; it was a quarter of an inch in its transverse, and a little more than one eighth of an inch in its vertical measurement. The aneurism contained some laminated fibrinous clot. The external coat was thickened in its situation, except just at the point of perforation, which, from the inner aspect, presented a funnelled appearance. The lungs were collapsed and somewhat congested, especially at the base of the left. The liver was slightly enlarged and congested. The kidneys were apparently normal, also the spleen.

Remarks.—The post-mortem appearances suggest the opinion that the rupture of the aneurism was immediately due to the increased pressure caused by the blocking of the veins on the left side of the brain.—*Lancet*.

MICROGRAPHICAL CONTRIBUTION. THE VEGETABLE NATURE OF CROUP. By EPHRAIM CUTTER, M.D., New York City.

January 21st, 1879, Clarence, aged four years and six months, child of Major E. F. and Abby F. Wyer, of Woburn, Mass., (near Boston), was taken with croup at supper-time. Always well before, save a lung fever in December, 1878, whooping cough in July, 1878, and an attack of simple croup on the 14th of January, 1879. The prominent symptoms were dyspnoea of a dreadful character, aphonia constant; air exhaled readily, but inhaled with difficulty; body-surface not hot or feverish, and pulse not much quickened; respiration hurried. He was vomited and put on the ordinary means of relief, including the sub-sulphate of mercury. Though there was no membrane visible in the throat, still he grew rapidly worse, and on the 23d, while I went for tracheotomy tube, he died.

The parents were unusually willing to have all possible light thrown upon the case, so a *post-mortem* examination was readily granted, and performed on the next day in the presence of Drs. S. W. Kelley, G. W. Graves, A. P. Woodman, G. P. Bartlett and J. M. Harlow, all then of Woburn. I found the larynx filled with a thick, tenacious mass, that appeared to be distinct from anything else above or below it. On removing this plug it was found to be only about half an inch in length and thickness. Microscopically examined, the physicians assisting

were unanimously of the opinion that it was made up of a true animal membrane, and was decidedly not vegetable in its nature and structure. On this ground it was reasoned that we were dealing with croup and not diphtheria. The larynx and trachea were removed, and with a clinical microscope of the Boston optical works, which embraced a $\frac{1}{2}$ inch objective, three systems of lenses, 180° of angular aperture, and a one-inch eye-piece, making an amplification of about 400 diameters, I examined the plug and its membrane, with scrapings also from the trachea and secondary bronchi. *In all I found mycelial fungus filaments, single and in skeins of beauty.* From this examination I was led to change my opinion as to the animal character of the membrane. The gentlemen present, not being experts in the use of the microscope, of course had no opinion to express different from that already announced.

Hence, in view of the great importance, in a clinical point of view, of settling the real nature of the membrane, I employed the eminent algologist, Prof. Paulus F. Reinsch, of Erlangen, then temporarily sojourning in Boston, to study the pathological products found in the larynx and trachea, botanically and histologically. Immediately, he detected the mycelial filaments, and then went to work to cultivate the fungus, so that he might be able to identify it by the fructification. He also examined the tissues of the *post-mortem* specimen. It will be seen by his report that he agrees with me in my examination; so that there are two witnesses to testify to the nature of this apparently animal membrane being a vegetable structure. If this is the case in all instances of croup, the importance of this contribution is at once apparent.

REPORT BY PROF. P. F. REINSCH.

The larynx and trachea bear a remarkable fungoid vegetation, belonging to three, or at least two, different fungi. In the upper part of the larynx are prevalent cells of more rounded form, doubtless different states of evolution belonging to one or two different species of *Hyphomycetes*. The lower part of the larynx, as well as the trachea, was found overgrown with filamentaceous cells, inclosing short, rounded cells, resembling very much the mycelium, with interspersed spores characteristic of the *Mucorineæ*. The parasitic vegetation is found to be composed as follows:

1st. Isolated spherical cells of .015 m. m. diameter, with constantly one nucleus; the plasm densely granulated.

2d. Two celled bodies, composed of smaller transverse elliptical cells, inclosed in the same involucre; sometimes one cell is larger.

3d. Cellular bodies composed of four elliptical cells, forming short, rounded filaments.

4th. Spherical, four-celled bodies, composed of elliptical cells, mostly irregularly connected.

5th. Larger, irregular or tetragonal cells, with thick, laminated covering, with densely granulated plasm of reddish brown color.

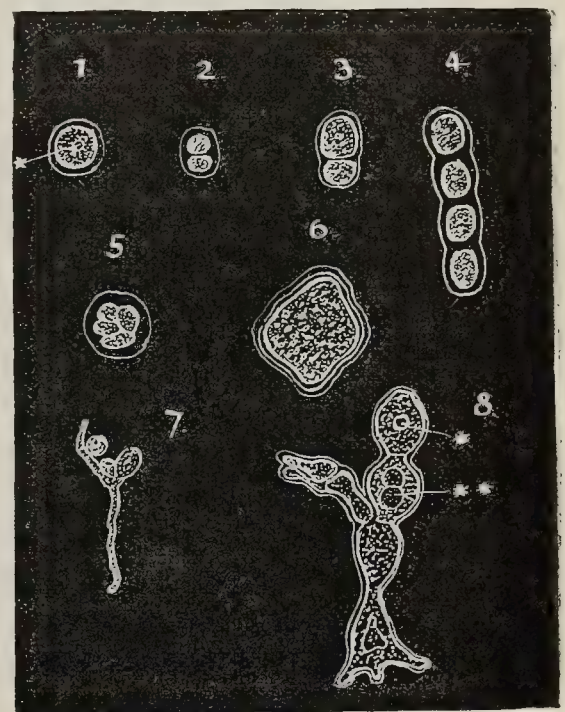
6th. Short filaments, composed of short elliptical cells, on both sides, shortly angulated, with distinct nuclei; short two or more celled branchlets, of different shape and size, are mostly attached to them.

7th. Irregular, lancet-shaped cells, attenuated on both ends, constantly one distinct nucleus; plasm with larger transparent granules.

8th. Smaller elliptical cells, connected with hair-like filaments; several cells sometimes are accumulated together on short branchlets.

9th. Curved, lancet-shaped cells, three to five attached together, connected with filaments, the whole body resembling very much, budding two or more celled spores of *Hyphomycetes*.

10th. Undivided, long mycelial filaments, with distinct membrane and densely granulated contents, forming a tissue-like stroma, spread out all over the surface of the trachea, the lower part of the larynx, as well as within the mucous membrane, so that a transverse section of the lower part of the larynx shows the peripheral discolored stratum of nearly 2 m. m. height, to be composed only of entostromatic filaments and elliptical spores, intermixed with fibu-



lar epithelial elements belonging to the mucous membrane. Spores of 0.013 m. m. diameter and ovoid circumference are frequently found interspersed between the fungoid filaments; spores and filaments, without any doubt, biologically connected.

EXPLANATION OF FIGURES.

Fig. 1. Isolated spheroid cells imbedded in the mucous membrane of the larynx. Diameter, 0.015 m. m.; $\frac{263}{1}$.

Fig. 2. Two-celled chroococcoid body of the mucous membrane. Long diameter, 0.018 m. m.; $\frac{263}{1}$.

Fig. 3. Two-celled chroococcoid body; cells of unequal size. Long diameter, 0.022 m. m.; $\frac{263}{1}$.

Fig. 4. Four-celled filamentaceous body. Long diameter, of one cell, 0.016 m. m.; $\frac{263}{1}$.

Fig. 5. Four-celled spherical body. Diameter 0.0266 m. m.; $\frac{263}{1}$.

Fig. 6. Irregular tetrametrical cell, with thick, laminated covering. Maximum diameter, 0.018 m. m.; $\frac{526}{1}$.

Fig. 7. Short, undeveloped filament, with adherent, small, rounded cells. Long filament, 0.0269 m. m.; diameter of sporangia, 0.0072 m. m.; $\frac{263}{1}$.

Fig. 8. Filament composed of irregular-shaped cells, producing two sporoid cells; one with one nucleus, the other with two nuclei. Diameter of sporangia, 0.0198 m. m.; $\frac{263}{1}$.

Fig. 9. Short filament, producing on the top, lancet-shaped, curved cells. Long diameter of cells, 0.018 m. m.; $\frac{263}{1}$.

Fig. 10. Another filament of the same formation, more developed; three developed cells on the top. Long diameter of cells, 0.0254-0.028 m. m.; $\frac{263}{1}$.

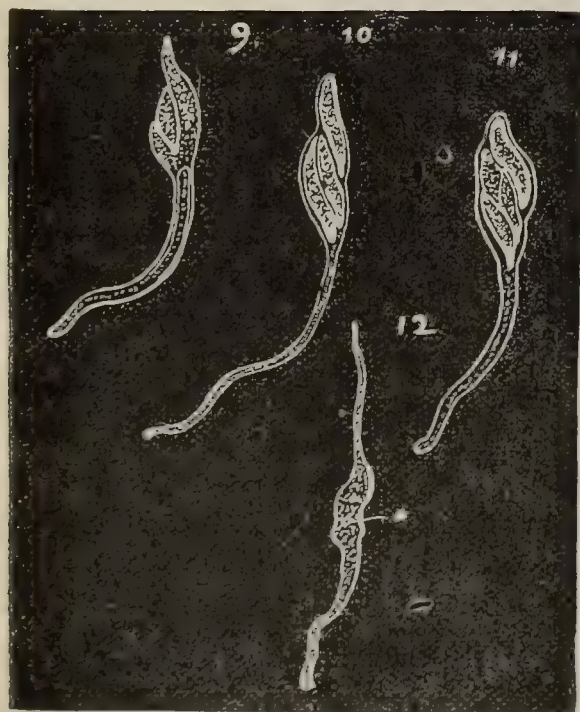


Fig. 11. Another filament of the same formation; four developed, curved, lancet-shaped cells on top. Long diameter of cells, 0.0216-0.028 m. m.; $\frac{263}{1}$.

Fig. 12. Isolated, irregular, lancet-shaped cell, with attenuated ends; distinct nucleus; $\frac{263}{1}$.

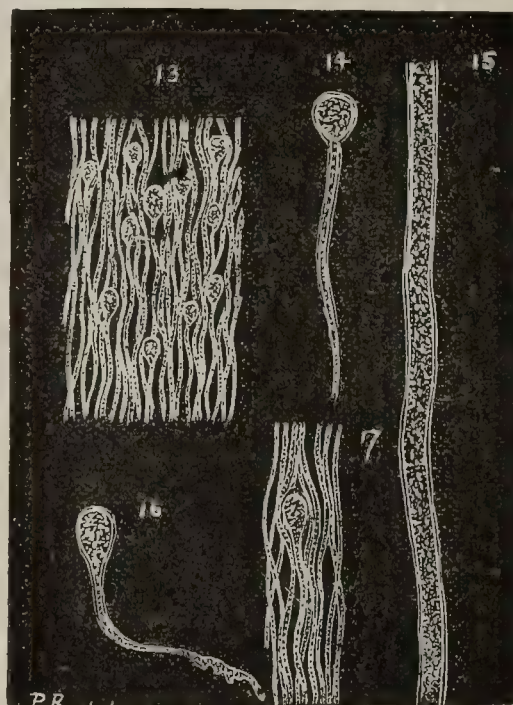
Fig. 13. Part of the mycelial stroma with interspersed spores, embedded within the mucous membrane of the upper part of the trachea, $\frac{180}{1}$.

Fig. 14. Single spherio-elliptical shaped spore with attached filament, doubly magnified.*

Fig. 15. Part of one mycelial filament. Diameter transverse, 0.003 m. m.; $\frac{720}{1}$.

Fig. 16. Budding ovoid spore from the same part of the trachea; the short filament connected there with incrassated micro-spores on the curved end. Diameter of spores, 0.013 m. m.; $\frac{360}{1}$.

Fig. 17. Part of the mycelial stroma with one embedded spore, $\frac{360}{1}$.



REMARKS.

The most important point in this expert report is that the vegetable nature of the substance of the membrane is clearly made out. To be sure, some of the epithelial elements are distinguished in connection with the vegetable growths. Still it must be remembered that the host in this case is an animal, to wit, man. So that it would be expected to find some animal tissues in the membrane. While it would not be safe to say that all croupal membranes are vegetable, still these examinations go to show that when examined by those who are acquainted with the subjects of micrographical botany, they may prove to be vegetable, as here.

The present was a rare opportunity to have such an authority study the morphology of the membrane in croup. As far as it goes, we can see no reason to doubt his decision and the satisfactory nature of the report. We conclude then :

* See *Gaillard's Medical Journal*, May, 1882, for like cells found in diphtheria and scarlet fever, on skin, in throat, urine and blood.—Dr. Salisbury.

1st. That the inflammatory processes were secondary to the vegetation.

2d. The report shows that the vegetation penetrated the tissues of the larynx and trachea below.

3d. Regrets were expressed at the post-mortem examination that tracheotomy was not performed, but the fact that the vegetation was imbedded in the parts below the point of obstruction, shows that tracheotomy might not have been a success.

4th. If anything can be learned from this teaching, it shows the necessity of attacking the disease from the vegetable point of view. It would rather prohibit the pushing of anti-phlogistic measures, since the inflammation must be secondary, not primary.

5th. We should then perhaps rely on parasitocidal means, such as inhaling the fumes of burning sulphur, sprays of salicylic, carbolic and thymic acids, putting into the system as much food as possible, that is good chemical, physiological and nerve food, easily assimilated and digested, so that the system can bear up in the fight. Or the sulphate of quinine might be sprinkled on the tongue—one grain once an hour or two hours, as shown with much success by Dr. Salisbury in diphtheria and scarlet fever. *Vide essay in Gaillard's Journal, May, 1882.*

6th. The expert results were not indicated by any "leading strings." Indeed it was rather a surprise to the medical gentlemen present that their decision as to the nature of the membrane should be so summarily upset, and yet they are a good average representation of the talent that has to handle such cases in the clinical point of view, on whom human lives depend, medically speaking.

7th. This case shows up how much we have to learn as to a disease that is so fatal and dreadful and the need of more use of the microscope.

Finally, it is to be hoped that Prof. Reinsch may have other opportunities to study this disease further.—*Monograph.*

FORCED FEEDING.—A couple of ingenious physicians in Paris, MM. Debove and Dujardin Beaumetz, have invented a new treatment for consumption that may possibly commend itself to gourmands, if not to the general public. It consists in a practice styled super-alimentation, by which one is to understand not only over-feeding but forced feeding by means of pumps and such appliances. Strange to say, consumptive patients who could not retain food when taken in the usual way did not find it unpleasant to have tubes introduced into their œsophagi, and food pumped into them until most remarkable quantities had been taken. The principal article

employed in this super-alimentation is meat powder—a preparation that requires some description. It is prepared by mincing lean meat very finely, spreading the paste thus formed on porcelain tables, and letting it dry at the temperature of 90° centigrade. When completely deprived of water the mass is reduced to powder by pounding, and put away for use. It is administered in milk or simple bouillon, with the addition of eggs, if deemed advisable, thus forming a highly nutritious and yet readily digestible mass, which has been found as efficacious in hysteria and wasting diseases as in consumption, for which it was first devised. The dose generally given to begin with is not more than twenty-five grammes per meal; but the quantity is gradually and rapidly increased until the enormous ration of from four to six hundred grammes is daily given. This is equivalent to four pounds of fresh meat per day, and when one considers that one pound of beef is an ample allowance for a healthy working-man it is very evident that some remarkable result ought to follow; particularly as at least two litres of milk and several eggs are required in the administration of the dose. The consumptive patients of MM. Debove and Beaumetz have gained rapidly in weight under this process, their daily average increase having ranged from eighty to a hundred grammes. Moreover, the cough diminishes, and the lungs begin to heal under the forced feeding, which, curiously enough, works as well in dyspepsia as in phthisis, and never produces nausea or vomiting; the tube passed down the throat being borne by the most sensitive patient, even by hysterical women, with apparent indifference. Possibly this may be the case in France, where people submit to science with more implicit faith than here; but it is difficult to understand how a sensitive throat is soothed by such appliances even in France; and it is to be feared that American œsophagi will rebel altogether.

NEW TREATMENT OF CANCERS.—Anything which offers a chance of relief for the pain and misery accompanying cancerous disease should be given a fair trial, even if physicians are tired of the very frequent disappointments which they have been obliged to undergo. In a late number of the Cincinnati *Lancet and Clinic* appears an article by Dr. Wm. A. Collins, which, without any extravagant promises simply narrates his experience in treating cancerous ulcerations with freshly-powdered ergot. Dr. Collins is so well pleased with his success in not only relieving but in curing a number of undoubted cases, that he says that he shall certainly continue to use it in cases of lupus, rodent ulcer, or of carcinoma.

Each of the cases which he relates came to him

from one or more practitioners of acknowledged ability, who had already made the diagnosis of cancer. On the first trial of this remedy, the result astonished the patient and himself. Patient was sixty-seven years of age. A deep irregular ulcer of face and neck of six inches in diameter, with an indurated, nodulated margin, had existed for two years and been steadily increasing. In the centre the carotid artery could be plainly seen pulsating. Death from exhaustion seemed imminent. Fresh ergot freshly ground to an impalpable powder, was applied three times a day, and once every day the ulcer was thoroughly washed. After each application a muslin rag wet with a carbolic wash was applied. Patient was also put on iron, quinine, etc. In a short time the ulcer assumed a healthy aspect, the induration of the lymphatic glands disappeared, and within twelve weeks' time it had entirely healed. It has remained healed, and the patient is to-day in excellent health. The patient had had an uncle die of a similar ulcer, and an aunt died of cancer of the breast. In the second case, cancer of the breast was present, and the lymphatic glands were involved. Cure was effected in about six months. Case third: ulcer at the outer angle of the eye, which healed in two months. Case fourth: ulcer of lip; glands under the jaw involved. Healed in two months; no return. Elder brother of patient died of similar ulcer of lip. In case five, although the existing ulcer was healed, others broke out and the patient finally died. Of all the cases of apparently undoubted cancerous disease which were treated with ergot powder, all except one recovered. Two other cases of the deep-seated scirrhus form were also treated but without any apparent effect. Such, then, is the experience of Dr. Collins, and for the sake of suffering humanity, let us hope that ergot may prove of some avail in this terrible disease.—*Western Lancet*.

DR. THOMAS BROWNE, Staff-Surgeon, R.N., gives in the *British Medical Journal* some useful notes on the use of the alkaloid hyoscyamine in cases of insanity at the Royal Naval Hospital, Great Yarmouth. Hyoscyamine has been recommended in very varying doses, and therefore beginning with 1-100 gr. the dose was gradually increased until an effect was obtained at 1-20. It was found unsafe to administer the alkaloid by the mouth, so much depended on the state of the stomach. If this was full, the effect was almost nil; if empty, dangerous symptoms might develop. It being determined to give it under the skin, the following solution was prepared and found satisfactory in every point except that of stability. It may, however, be depended upon for at

least a month. Merk's crystalline hyoscyamine is always used, and of this four grains are dissolved, without the application of heat, which renders it inert, in half an ounce each of water and glycerine; two minims of carbolic acid are also added. Of this the dose is from four to eight minims by hypodermic injection, or from 1-15 to 1-8 gr. For two years hyoscyamine has been used in the hospital, and the results obtained have been excellent, the effect in raving cases either of acute or chronic mania or of general paralysis being of quieting the patient in a remarkable degree. If omitted, the former violence returned. When the drug begins to take effect, the pupils dilate and remain so until the effect is passing off. No dryness of tongue or fauces was noticed. The conclusions drawn from the clinical observations made were: 1st, the uncertainty in the action of hyoscyamine if given by the mouth, and the danger of large doses. 2d, the confidence with which in some cases its effects could be counted upon for subduing the violence of a patient when given by the hypodermic method.

SELECTED ABSTRACTS.

A CASE OF OVARIOTOMY IN WHICH THE EXPANDED BLADDER WAS WOUNDED.—Dr. Walter F. Atlee reports, in the *American Journal of the Medical Sciences* for January, 1883, a case in which ovariectomy was performed in a woman, aged fifty-six years, in whom the bladder was accidentally opened. In order to close the tear in the bladder, a large gum catheter was passed through the urethra and then into the orifice, and after an assistant had taken a firm hold of the bladder between the thumb and forefinger on each side, it was withdrawn. The edges of the tear in the bladder were then pushed in and invaginated. A thick plaited silk thread was chosen, having a needle at each end; one needle was passed directly from before backward through the walls of the bladder on one side, about one quarter inch from the tear, and the other in a like manner on the other side, and then the thread was tied very firmly and cut off close to the knot. After cleaning carefully the abdominal cavity of urine, blood, and cystic contents, the wound in its walls was sewed up and the usual dressings applied. Recovery took place.

A CASE OF CONGENITAL CYST OF THE HEAD.—Dr. Louis W. Atlee reports, in the *American Journal of the Medical Sciences* for January, 1883, a case in which there was a congenital cyst of the back of the head, with serous contents, its cavity unconnected with

that of the head. It was emptied by a trocar, and it subsequently shrivelled up.

TUBERCULOSIS AS MANIFESTED IN THE LARYNX.—Dr. J. Solis Cohen contributes a valuable paper on this subject to the January number of the *American Journal of the Medical Sciences*. Dr. Cohen does not accept the statement that the early presence of miliary tubercle could be detected in the mucous membrane of the living larynx; and that the entire progress of the tuberculous process could be studied from time to time in the laryngoscopic image, and small globular or semi-globular nodules, pin-head or thereabout in size, yellowish in tint, seen isolated or clustered at different portions of the laryngeal mucous membrane, were attributed to accumulations of miliary tubercle.

The customary destructive metamorphosis of these bodies, long before the death of the patient, prevents verification or denial of their initial tuberculous character upon positive premises. By prolonged observation, however, it has become demonstrated that these tuberculous-looking nodules always occupy localities normally beset with mucous glands; whence the inference has arisen that they are not tubercles; but are rather hypertrophically distended mucous glands, filled, by occlusion of the orifices of their ducts, with accumulated products of secretion and desquamation; inflamed, perhaps, by some specially irritative quality in the hyper-secretions of the coexisting chronic catarrhal laryngitis. The ultimate destruction of these glands results chiefly from necrotic inflammatory processes set up by the pressure of tuberculous infiltrations around them and between their individual acini. In this manner follicular ulcerations are produced whose racemose configuration so closely resembles the crenated margins of some tuberculous ulcerations, as to render it often impossible to distinguish one from the other, save under the lens of the microscope.

Dr. Cohen's entire practice has given him but three examples of even presumptive primary tuberculosis of the larynx. On the whole, however, he is inclined to the belief that cases of so-termed primary tuberculosis of the larynx may be relegated to the category of secondary tuberculosis, commencing very early and running an unusually acute course.

Secondary tuberculosis of the mucous membrane of the larynx presents us with two stages; (1) that of infiltration; and (2) that of ulceration. While as regards the glands, to ulceration of which a tuberculous character has been so much attributed both by many clinicians and not a few pathologists, though they

are not directly involved in the tuberculization, as a rule, they undergo, when implicated, two processes of infiltration simultaneously.

I. *Inter-acinous*; i.e., great increase of round-cells in the inter-acinous connective tissue; or infiltration between the acini.

II. *Intra-acinous*; i.e., interstitial increase of round-cells; infiltration within the acini.

DISSECTION OF THE REGION OF THE CLAVICLE AFTER THE EXTIRPATION OF THE BONE.—Dr. F. Peyre Porcher reports, in the *American Journal of the Medical Sciences* for January, 1883, a dissection which he made of the region of the clavicle, in a case (Rev. Joseph Yates, of Charleston, S. C.) in which that bone had been excised for osteo-sarcoma fifty-four years before, by the late Dr. Valentine Mott. The subclavian vein was found to be uninjured and patulous. The remains of two branches of the subclavian artery were discovered to have been cut. The space occupied by that portion of the clavicle removed was found to be replaced by an adventitious ligamentous band, two inches in length, and half an inch wide, extending from the acromial end of the clavicle to the manubrium sterni. The clavicular portion of the pectoralis major lower down, which had been divided in Mott's operation, was also found to be replaced by a broad band of ligamentous tissue connecting it with the deltoid. This provision, in both cases, seemed to have been one of nature to supply the loss of bone and to support and give power to the arm.

Dr. Porcher concludes his interesting paper as follows:

"It is not necessary to cite the cases of excision of the clavicle since the time of Mott, as this subject is discussed by many surgeons, notably by Travers, Velpeau, Chassaignac, Syme, Warren, Gross, and others, and by Otis in his *Surgical History of the recent war*; but I will content myself with a single reference, namely to the number for May, 1864, of *The Confederate States Medical and Surgical Journal*, p. 73, which contains a report little known of the successful removal of two thirds of the clavicle for osteo-sarcoma, by the late Dr. Chas. Bell Gibson, of Richmond, Va., Prof. of Surgery in the Medical College of Virginia."

ORIGINAL CORRESPONDENCE.

CHIHUAHUA, MEXICO, January 18, 1883.

MY DEAR DOCTOR:

At first I thought I would report a few interesting cases for your valuable journals, but, as time presses,

it suits best to write a few words about the climate. This I am induced to do, as the day is so bright and beautiful, and I am writing with every door and window in the house open, and not a coal of fire in the house. What a contrast to the cold damp north, where patients are housed up in dark dreary rooms, afraid to go out for fear of increasing their "colds" and "coughs." Here there is no fear of such consequences. The most of the twenty-four hours can be spent in the open air, and herein lies the secret of the beneficial climate for consumptives. The rain-fall is of little importance to the patient, so he be able to enjoy a walk or drive in the open air. Elevation of course has its advantages and disadvantages for the sick. Here in the city we are four thousand five hundred and eighty-six feet above the sea. This can be exchanged by a few days' travel for an altitude of six thousand, or for one a few hundred feet above the level of the sea—or by an easy journey by rail to the Pacific Coast.

What more could be asked? Not only are the winters mild and beautiful, but the summers are equally delightful, and persons who have seen the blue skies of Italy, and sunny France, say that as far as beauty of climate is concerned, this far surpasses these countries. In the lofty Sierra Madre, only one hundred miles distant from the city, can be seen scenery grand and picturesque—the eye will see one vast expanse of pine groves—and higher, and higher, a distant mountain is before you, and up the great heights, the ascent leads, and often the clouds will be between the lofty place occupied and the peaceful valley below; the rain-storm can be seen majestically raging, while the spot you occupy is far distant and above. It is in a word one beautiful and vast mountain forest, valleys covered with grass and watered by beautiful clear streams—a place where the gentlest wind moving the boughs of the trees sounds like sweetest music.

The thermal springs near the city are already famous, and it is only necessary for accommodations to be offered, to make them of equal value to those in the United States.

If these few lines should induce persons to visit this place, I am sure they will not meet with disappointment as regards the climate, but the hotel accommodations are not very well suited for invalids. These inconveniences can be remedied by renting houses and furnishing to suit. I hope this hastily written letter may serve a good purpose.

Sincerely your friend,
F. PASCHAL.

PROCEEDINGS OF SOCIETIES.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. T. M. ROTCH, M.D., Secretary. January 8, 1883. Dr. J. C. WARREN presided.

Dr. Henry W. Williams read a paper entitled, "Orbital Cellulitis as a Sequel of Facial Erysipelas." In answer to Dr. C. P. Putnam, Dr. Williams stated that it is a rare affection. Dr. Putnam asking if any case had been left to itself, Dr. Williams answered, Yes, one case, and it was attended by great pain. Lebert had collected a number of cases and four fifths were fatal. The vessels, before entering the nerve, are compressed, and thus vision is lost without affection of the nerve.

Dr. White asked if these cases are likely to follow the deeper seated cases of erysipelas or the wandering, mild form.

Dr. Williams thought usually the deeper seated, but in the child spoken of the erysipelas was of the mild form, this coming on as a secondary affection when the erysipelas was passing off.

Dr. Porter referred to a case, seen some years ago, of acute cellulitis of both orbits, following apparently a small sore on one side of the nose. There was no erysipelas, the soft parts were œdematous and infiltrated equally on both sides. He was delirious and was etherized and free punctures made above and below, Dr. Wadsworth being in consultation. Leeches were applied to forehead, and free punctures were made again, but delirium continued, and he died with stertorous breathing after in all four days. The case seemed similar to those following erysipelas. The punctures were carried deeply, undoubtedly deep enough, as it was done with regard to the anatomy of the parts and with the careful assistance of Dr. Wadsworth.

Dr. Gannett asked if any post-mortems were made in the fatal cases. Dr. Williams thought not.

Dr. Warren asked Dr. Williams if there were other causes of blindness in facial erysipelas than those mentioned. In the books this class is frequently mentioned as one of the sequelæ of the disease, and he had acquired the impression that it might occur without a suppurative inflammation having preceded. The presence of suppuration in the cellular tissue in typical forms of erysipelas like these was interesting in connection with the question of identity of phlegmonous erysipelas with true erysipelas. The French writers consider the former as a diffuse cellulitis (*phlegmon diffus*), and not as an erysipelas.

Dr. Warren did not believe that we could abandon the term phlegmonous erysipelas, which could be ap-

appropriately applied to a large class of cases familiar to the hospital surgeon.

Dr. Goss reported a case of

CANCER OF THE LEFT KIDNEY AND LUNG.

A gentleman, aged fifty-five, in the spring of 1880, without acknowledging his illness, seemed to his family unwell, and his physician was called. He had some cough, nausea, and occasional vomiting of meals, an anxious expression, and he confessed to not feeling well, though he protested that he was not sick. His own family had been consumptive. An examination of the chest showed nothing abnormal except comparative dulness of the lower part of the left lung, with a want of vesicular murmur; no râles. Nothing could be discovered about the stomach or other parts of the abdomen. Urine, on examination, was normal, as were also the pulse and temperature. He continued to show increasing evidence of sickness, food not seeming to nourish him, and being frequently vomited. The gastric symptoms increased during the spring and summer of 1881, and when at the latter time he went to the sea-shore he was so weak that it was feared the journey might be disastrous to him. While at the sea-shore his stomach gave him less trouble, his appetite improved, and he returned home apparently better, but in a month or two the old symptoms reappeared. He lost flesh and spirits. With great difficulty, but with determination, he went to his business in the city, falling in the street several times from weakness. All through last summer he gradually failed. The latter part of the season his urine began to contain a small amount of albumen and a few casts. The symptoms about the chest became less marked, but he grew weaker, more emaciated, took to the house, and some six weeks ago to the bed. His urine became more decidedly albuminous and the casts abundant. The abdomen was frequently examined for evidence of disease—tumor or other—but until within a few weeks nothing could be discovered. Latterly, however, the suspicion that something of the kind must exist seemed in a measure to be confirmed. Occasionally there appeared to be a tumefaction on the left side about the region of the false ribs, but this was not marked. During the past three weeks he had several convulsive paroxysms, thought to be uræmic. He sank at last from exhaustion, death occurring two days ago.

Autopsy by Dr. Gannett.

Dr. Gannett said that the interest of the autopsy lay in connection with the left kidney and the left lung.

The left kidney was enlarged, perhaps, three

times; its external surface lobulated, rather dense. On section very little of the renal substance remained. In its place were numerous nodules about the size of English walnuts, coalescing on their borders. They were of a grayish-white color; some softened in their central portions and more opaque, evidently the result of a fatty degeneration; others showed an opaque-white, firm centre, representing in all probability a coagulation necrosis.

The pelvis of the kidney was considerably dilated, and there existed a growth into it from the previously described mass.

The left renal vein was much distended, and contained a growth extending from the kidney and reaching the inferior vena cava. Ample opportunity was thus afforded for the transfer of portions of the growth by the blood circulation. That such a transfer had occurred was shown by the presence in the lower lobe of the left lung of a nodule similar in character to those found in the kidney, and about the size of a lemon.

Microscopically all the nodules described presented the structure characteristic of the softer forms of cancer.

In reply to a question of Dr. Lyman, Dr. Goss said that there was no evidence of blood in the urine. He also said that there was a family history of phthisis, but not of cancer, but that the so-called cancer cachexia was present.—*Boston Journal*.

NEW YORK NEUROLOGICAL SOCIETY.—At the regular monthly meeting of the Society, held January 2d, 1883, Dr. S. N. Leo presented patients who had been trephined for traumatic epilepsy, and was followed by Dr. L. Weber, who presented a specimen of occlusion of the basilar artery, after which Dr. William A. Hammond read a paper on "Allochiria: its Nature and Seat." On the 4th of November last, Dr. Hammond said he had examined, in conjunction with Dr. L. A. Stimson, a gentleman who was said to have received a severe injury of the spine in February, 1881, from a carriage accident. He was treated for several months for Pott's disease, his condition sometimes being better and sometimes worse, but on the whole there was no decided improvement. The fact that he had brought an action for heavy damages against the city was the immediate cause of his examination by the writer. So far as he could determine from the account given him by the patient, he felt satisfied that at no time had he suffered from injury of the vertebral column or subsequent Pott's disease, and at all events, he exhibited no symptoms of that affection at the time of this examination. Neither Dr. Cly-

mer, Dr. Hamilton, Dr. L. A. Stimson, nor himself could discover indications of its existence. He complained, however, of pain throughout the whole spinal column, and of extreme nervous irritability. He had also had contractions of the muscles of the lower extremities, and when he walked about the room it was evident that his limbs were stiff, and that he lifted his feet with difficulty. The gait, however, was very different from that of a person suffering from locomotor ataxia, as the feet were moved as though weighted with some heavy substance, instead of being raised with a jerk, and put down with the two distinct movements so characteristic of that affection. The knee tendon reflex was greatly exaggerated on both sides.

Up to this time no experiments had been made for the purpose of testing the sensibility of the lower extremities. It was now ascertained that the touch of the finger, the scratch of a pin, and a deep puncture with the blade of a penknife were equally unfelt in the right leg, but when the like experiments were made on the left leg (the patient's eyes being closed all the time) he complained of pain when the knife was stuck into it, and automatically carried his hand to the place which he supposed had been punctured. Instead of touching the spot where the injury had been received, however, he indicated the exactly corresponding situation on the other leg. Repeated experiments led to the same results. He had sensibility in the left leg, but invariably referred impressions received there to the other side.

Dr. Hammond said he then came to the conclusion that the patient was suffering from antero-lateral or lateral sclerosis, with the implication of the posterior horns of gray matter, and probably of the spinal meninges to a slight extent. On this occasion, however, he wished to restrict what he had to say about the case to the phenomenon of crossed sensibility exhibited. To this condition the name of *allochiria* (from the Greek words *ἄλλος* and *χείρ*) had been given by Professor Obersteiner, of Vienna, who was the first to call special attention to it, though the phenomenon had been incidentally alluded to by Leyden, and one or two others as an occasional symptom of locomotor ataxia. Since Obersteiner's article appeared in *Brain* for July, 1881, Ferrier had reported a case (in the same journal for October, 1882,) which followed a severe cranial injury. Of Obersteiner's cases of *allochiria* four in number, two were of locomotor ataxia, one was hysterical, and one resulted from severe and direct injury of the spine. In the last case the patient died, and post-mortem examination showed that there had been inflamma-

tion of the first, second, and third lumbar vertebræ, meningitis, and extensive transverse inflammation of the cord.

The posterior columns for a considerable distance above the seat of injury, as described by Obersteiner, were in a state of sclerosis, and the posterior horns of gray matter in portions of the cervical enlargement were transversely divided by a peculiar structureless, transparent mass, intensely colored by carmine, and very similar to the mass found around the larger vessels, in inflammatory processes in the cord. Dr. Hammond then expressed the opinion that it was to such a lesion of the posterior horns of gray matter that the phenomenon of *allochiria* was to be ascribed, though neither Obersteiner nor Ferrier had offered any explanation of the mechanism of its production. *Allochiria* was certainly not an ordinary symptom of sclerosis of the posterior columns, and he did not believe that it was ever met with in uncomplicated cases of this affection. He did not, indeed, believe it a possible condition in such instances.

For the better understanding of the subject he thought a few words regarding the anatomy and physiology of the cord would be of service. The posterior tract of gray matter, he said, was probably the only channel by which sensory impressions reached the brain; but before reaching the posterior horns, the posterior roots of the spinal nerves passed through the columns of Burdach, and when these were the seat of inflammation, as was the case in locomotor ataxia, disturbances of sensibility were produced in the parts below, by the pressure exerted upon these roots. It was quite certain, as claimed by Brown-Séquard and other authorities, that there was an almost complete decussation of the sensory fibres within the gray matter; those from the right side of the body passing over to the left side of the cord, and *vice versa*. Dr. Hammond illustrated this by a diagram, and showed that a lesion of the right posterior horn would produce anæsthesia of the left side of the body, and *vice versa*.

He then went on to say that in sclerosis of that portion of the posterior columns called the columns of Burdach the lesion was almost always symmetrical, and, as a consequence, we had in the latter stages more or less profound anæsthesia and retardation of the conveyance of sensory impressions in both lower extremities. *Allochiria* was in such cases an impossibility; for, all channels to the brain being closed, wholly or in part, the patient either had no sensation or very imperfect sensation in the parts below, and equally on both sides. But

in cases of disease or injury of the posterior horns of gray matter, whether primarily or secondarily involved, in which allochiria existed, it was essential either that the lesion should be unilateral or, if both horns were involved, that the lesions should be at different levels. This was also made more evident by means of a diagram. Thus it was seen that if there were a lesion in the left posterior horn a sensation coming from the right side of the body would be directed through the gray commissural fibres to the right posterior horn, and would reach the cortical centre in the right hemisphere, which was in relation with fibres coming from the left side of the body. The crossed sensations resulting would constitute the condition of allochiria, in which all sensations made, for instance, on the right side of the body would be felt on the left; while those on the left side would be felt in their proper situations.

But if it were supposed that there was another lesion symmetrical with that at the point above indicated, it would be evident that no sensoid impressions from either side could reach the brain. If, however, the second lesion were at a point lower down than the first, the impressions coming from the right lower extremity would be diverted to the left side on reaching the obstruction, and then reaching the obstruction higher up on that side would either be altogether interfered with, leading to complete anæsthesia of the left lower extremity, or would be again diverted, and reaching the right hemisphere of the brain, though with their strength greatly diverted, would be imperfectly felt in the left lower extremity.

Such lesions explained those cases in which there was absolute anæsthesia on one side of the body, with sensation on the other side for impressions coming from both sides. They also showed, as Obersteiner had asserted, that anæsthesia was not a necessary concomitant of allochiria. In the only case of allochiria in which a post-mortem examination had been made, namely, the fourth case of Obersteiner, it was found that among the other abnormal conditions disease of both posterior horns of gray matter was present. The morbid process was not continuous, however, as it was stated that it was not perceived in all the sections. It was situated at the narrowest part of the posterior horns, being so placed as to interrupt the decussation of all the nerve fibres, and hence to cause the transmission of sensory impressions upward on the side in which they entered—a condition which, equally with that which the writer had described, would give rise to allochiria.

REVIEWS.

A SYSTEM OF SURGERY, PATHOLOGICAL, DIAGNOSTIC, THERAPEUTIC, AND OPERATIVE. By SAMUEL D. GROSS, M.D., LL.D., D.C.L. (Oxon.), LL.D. (Cantab.). Sixth edition. 2 vols., 8vo, pp. 2368. Philadelphia: Henry C. Lea's Son & Co. 1882.

When Mr. Webster replied to Mr. Hayne in the Senate, he said, "The gentleman has passed encomiums upon South Carolina, and I endorse all that he has said. But, in regard to Massachusetts, I make no eulogy; she needs none; there she stands." This may all be said in regard to this great work; no eulogy will be offered; it needs none; there it stands; a monument of professional genius, energy, and fidelity; and there it will stand forever.

MICROSCOPICAL MORPHOLOGY OF THE ANIMAL BODY IN HEALTH AND DISEASE. By C. HEITZMAN, M.D. Illustrated. Octavo. 849 pp. J. H. Vail & Co. Price, cloth, \$7; half morocco, \$8.

The author has had great experience in his chosen field. This fact is everywhere manifest. He has worked laboriously in Europe as well as at home. He is an uncompromising repudiator of the entire cell doctrine. His arguments are sincere but not strong, certainly not conclusive. They are very well worth reading. His claims in regard to the diagnostic powers of the microscope are not and cannot be sustained. It is at best a supplementary, and not an absolute guide. There is evidence of great original research and labor in the volume, and the author is entitled, therefore, to great commendation. The author is evidently sanguine in his opposition to the cell doctrines. He has made many converts, and these are adherents. Several contribute papers to this volume. The illustrations are very fair and the work is well issued.

BOOKS RECEIVED.

Pocket Therapeutics and Dose Book. By Morse Stewart, A.M., M.D. Detroit: Geo. D. Stewart & Co., 1882.

Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of Nose, Throat, and Ear. Second Edition. By Thos. F. Rumbold, M.D. St. Louis, 1882.

Uterine Flexions. By E. Cutter, M.D.

The Female Perineum. By T. G. Comstock, M.D., University of Louisville.

Diphtheritic Ulceration of the Air-Passages, and

its Relation to Pulmonary Phthisis. By John N. Mackenzie, M.D.

Tubercular Tumors of the Windpipe, Tuberculosis of the Laryngeal Muscles; a Contribution to the Pathological Histology of Laryngo-tracheal Phthisis. By John N. Mackenzie, M.D., Baltimore.

Transfixion of the Left Arytenoid Cartilage by a Fish-Bone; Loss of Motion in the Corresponding Half of the Larynx; Abscess; Recovery. By John N. Mackenzie, M.D., Baltimore.

Ten Years' Experience in the Treatment of Stricture of the Urethra by Electrolysis. By Robert Newman, M.D. Reprinted from the *Medical Record*.

The Comparative Action of Sulphate of Datura and of Sulphate of Hyoscyamia, upon the Iris and Ciliary Muscle. By Charles A. Oliver, M.D.

Elephantiasis in the Samoan Islands. By Arthur C. Heffenger, M.D., Passed Assistant Surgeon, U. S. Navy.

Life of John M. Briggs, M.D., of Bowling Green, Ky. By W. K. Bowling, M.D.

The antiseptic Treatment of Wounds after Operations. By W. T. Briggs, M.D. Reprint from the *Nashville Journal of Medicine and Surgery*.

The Malignity of Syphilis, with an Analysis of 450 Cases of the Disease. By L. Duncan Bulkley, A.M., M.D., New York.

MISCELLANEOUS.

RAPID AND FORCIBLE DILATATION OF CERVICAL CANAL FOR REMOVAL OF OFFENDING BODIES. WITH DESCRIPTION OF INSTRUMENTS FOR THE PURPOSE. By H. T. HANKS, M.D., New York.

Two years ago a patient of Dr. W. H. Hall, who had previously suffered from epilepsy, became pregnant. She had given birth to two healthy children before, and had carried them to full term without serious inconvenience to herself. At this time, however, the epileptic seizures became exceedingly frequent and alarmingly severe—so much so, indeed, that Dr. Hall and myself both decided that, since medicines had apparently no control in averting the attacks or mitigating their severity, the only safe and judicious course to pursue would be to cause the expulsion of the two months' fœtus. The patient lived a few miles out of the city,

and it was the wish of the family that Dr. Hall and myself should take full charge of the case without calling in the local physician. Under these circumstances it became a question with me how to safely and thoroughly accomplish this end and make but one visit myself, and cause as little journeying as possible for Dr. Hall, and not oblige any physician to call until the following day.

I finally decided to rapidly and forcibly dilate the canal, give a full dose of ergot hypodermically, and then remove the ovum by means of the placenta forceps or loop of wire.

Knowing how little dependence can be placed upon Molesworth's, Barnes', or the soft rubber air dilators, when they have been once in use and laid aside for a few months, and knowing from experience how well the healthy unimpregnated cervix uteri will bear rapid dilatation up to No. 24, American scale of bougies, without laceration, I decided to dilate in this case in the most rapid manner possible without injury to the parts involved.

We therefore anæsthetized, the patient, introduced a speculum, seized the anterior lip, and in regular order introduced the common hard rubber dilators (see *Medical Record* September 25th, 1875, page 655), from No. 16 up to No. 22, then changed to the smaller sized rectal bougie, and from this to the next larger, and so on up to No. 10. At this time a full dose of fluid extract of ergot was given hypodermically, after which the placenta forceps were introduced and the ovum was quickly removed. The whole operation did not last forty-five minutes.

The patient made a quick and in every way satisfactory recovery.

Since this time I have witnessed the bursting of several of Molesworth's and Barnes' dilators, and thought much of hard rubber dilators, to take the place of these perishable soft rubber ones. I have therefore had the Messrs. Stohlmann, Pfarre & Co. of this city, manufacture for me a set of *ten* dilators, two of which are herewith represented attached to the double-curved handle.



Each dilator is hollow and more or less ovoid according to its size, as may be seen in the cut. The length varies from two to three and one half inches; the diameter from one half to two inches, in pro-

portion to the length. The larger end of each is made to fit either end of the screw-handle rod, which is curved in opposite directions, at each extremity, flattened on one side, for security of grasp, and about five inches in length.

In using these dilators it is absolutely necessary to have a strong tenaculum forceps in order to firmly fix the cervix. The Messrs Stohlmann, Pfarre & Co. have made for me a very convenient tenaculum forceps which will be found to fully meet the requirements of each case, and has never yet been known to tear the cervix.

A FRENCH savant, M. Regnard, has been lately trying the effect of a "blood diet" on lambs. Three lambs, which for some unexplained cause had been abandoned by their mothers, were fed on "powdered blood" with the most gratifying results. The lambs increased in size in the most marvellous fashion, and attained unusual proportions for their age. The coats of wool also became double in thickness. Encouraged by his success with the lambs, M. Regnard is now feeding some calves on blood.

GENIUS, MONEY, SKILL AND LABOR.—Tennyson can take a worthless sheet of paper, and by writing a poem on it make it worth \$5000. That's genius. Mr. Vanderbilt can write fewer words on a similar sheet and make it worth \$50,000,000. That's capital. The mechanic can take material worth five cents, and make it worth \$100. That's skill. The ditch-digger works ten hours a day, and shovels out three or four tons of earth for \$1. That's labor.—*Quinologist*.

MIDWIFERY IN THE SANDWICH ISLANDS.—The brother (non-medical) of one of our members resident in Honolulu, gives the following description of the *modus operandi* of the Hawaiian midwife. "The midwives here are for the most part men—usually old men. When the woman's time draws near and labor commences, she is placed sitting on a man's knee with her back to him. He then clinches his hands over her abdomen, and with all his strength hugs the woman, until the child is actually forced into the world, falling to the floor between the operator's feet. The umbilical cord is then cut, and always left very long. Then the woman is placed upon her feet, and the midwife takes her tongue and draws it steadily until she gulps or retches, this action causing the prompt ejection of the after-birth. After this she goes and flounders about in the sea, and returns to land, ready for such domestic duties as may fall to her lot or inclination. Native children are—as may be inferred from the way in which they are introduced to existence—very easily born; but

should the baby stick at all, or make any bother about being born, then the mother knows it is going to be half white, as this latter kind of baby is so much bigger in the forehead. It is a wise child that knows its own father in this country. So well recognized is this fact that natives never ask, 'Who is your father?' but only, 'Who is your mother?' when they desire any acquaintance with one another's genealogy."—*Brit. Med. Journal*.

FASTING IN RHEUMATISM.—The following from the *Canada Medical Record* is going the rounds. Dr. Wood, Professor of Chemistry in the medical department of Bishop's College, Montreal, reports a number of cases in which acute articular rheumatism was cured by fasting, usually from four to eight days. In no case was it necessary to fast more than ten days. Less positive results were obtained in cases of chronic rheumatism. The patients were allowed to drink freely of cold water, or lemonade in moderate quantities if they preferred. No medicines were given. Dr. Wood says that from the quick and almost invariably good results obtained by simple abstinence from food in more than forty cases in his own practice, he is inclined to believe that rheumatism is, after all, only a phase of indigestion, to be cured by giving complete and continued rest to all the viscera. Neither the theory nor the practice based thereupon are new, and both ignore recent discoveries respecting rheumatism.

Bartholow (*Medical Record*, January 6th, 1883), says that "No one can give anything like attentive consideration to the types of rheumatic cases without perceiving that they may be resolved into three groups, as regards the characteristics of the individuals composing them: First: Spare persons of considerable bodily vigor, good muscular development, and having a distinct family history of neurotic or rheumatismal disorders. Second: Obese subjects, addicted to malt liquors and good living, sometimes with—more often without—an inherited predisposition to rheumatic diseases: the gelatinous descendants of albuminous parents, as they have been entitled: Third: The feeble, pale anæmic subject, depressed by poor diet, and evil hygienic surroundings, including dampness and bad air." It is obvious that in the first and second classes only, could the treatment proposed by Dr. Bishop be of value. In the third class just the opposite treatment is required. Bartholow has found, like Dr. Russell Reynolds, of London, that muriated tincture of iron in full doses, 3 ss-3 i, in sufficient water every four hours, is of great value in the treatment of this class of cases, and that all depressing treatment is strongly contra-indicated.

ATMOSPHERIC OXYGEN BY DIALYSIS.—M. Margis, of Paris, has succeeded in obtaining oxygen directly from the atmosphere by dialysis. A set of membranes prepared by immersing taffeta in ether, sulphide of carbon, or alcohol, are covered with a fine layer of caoutchouc. These membranes are formed into bags—four, enclosed one within the other, are usually employed—and these are placed in a cylindrical iron vessel admitting air which is drawn through them by means of steam-power. The percentage of oxygen is, in respect to nitrogen, increased in passing through each membranaceous bag until that which has passed through the fourth bag gives 95 per cent of pure oxygen.

MORAL INSANITY AND PRECOCITY.—The existence of moral insanity as a scientific term was denied by certain would-be alienists at a certain well-known trial. Spécial interest therefore attaches to the case recently reported by an English physician. The patient in question was born January 21st, 1876, and is now 7 years of age. Yet he is as advanced physically as a youth of 17, and so wild and mischievous that his friends were at first compelled to send him to an industrial school. His father was a patient in an asylum for the insane. The youngster began to grow rapidly when one year old, and cut his second teeth when between 4 and 5. Among the exploits which led to his being sent to a reformatory was upsetting a tradesman's cart, cutting the harness to pieces, and galloping the horse about. Being put to bed to keep him out of mischief, he stole his grandfather's trousers, cut the legs off, and put them on, and escaped out of the window. He afterward stole some pigs, and gave them away. On being arrested he cursed and swore, fought the policeman, and on his arrival at the industrial school smashed a bedstead into atoms, and kicked the plaster off the wall. He had ultimately to be sent to an asylum. Bucknill and Tuke, Griesinger, Ray, Rush, Esquirol, Marcé, Morel, Krafft Ebing, Hughes, Spitzka, Godding, Workman, Meynert, Schüte, Emminghaus, Forille Marc, and nearly every European alienist have described such cases under the title of moral insanity, and the dictum just cited was like many other dicta at the same trial, utterly unwarranted. The precocious intellectual power displayed by the patient was more than equalled by that of Christian Heinrich Heineken, the famous "boy of Lubeck" who died in 1725 at the age of four years, was familiar with Scripture history when two years old, and learned several languages at three.

FILARII OCULI IN A HORSE.—There is a horse in New York in whose anterior or aqueous chamber is a parasite about three inches long. It is white, round, and about the thickness of a knitting-needle, and moves with very great rapidity, twisting its body into every conceivable shape. The horse seems unconscious of its presence. The parasite is seldom seen in this country; it is *filaria oculi*, and is very prevalent in warm climates—in India, Australia, and in Arabia. It is due to germs taken into the body, when the animal is feeding upon grass in low, marshy grounds. Cases of the kind have been exceptionally observed in the human being.

CRIMINALITY IN ANIMALS.—Dr. Romanes in the last number of the *Revue Scientifique* proceeds to discuss the resemblance between the intellectual operations of man and animals, a somewhat trite subject, and then suggests that it is possible that a study of the phenomena of crime among the latter may lead to a better understanding of the offences which are committed by men. He gives a very interesting psychological study of animals, discarding wholly the commonly-received ideas as to the automatism of this class, and asserts that, among them, there is no difficulty in recognizing well-defined causes of criminality. He claims that there are to be found some of the established classes of crime among the so-called "lower orders." Among the influences which produce crime are the nutritive instinct, the genetic instinct, maternal love, the destructive instinct, vanity, and social instinct; and in each of these cases there is given what fall but little if at all short of absolute proof.

It is shown that animals lose their tendency to criminality in proportion as they become domesticated, as their wants are easily supplied. "Domestication and systematic feeding, diminish, destroy, or transform these mischievous dispositions."

THE DOCTOR AND THE CURATE.—The *Cornhill Magazine* makes the following remarks concerning these two rivals for the worship of the English female.

People had, of course, always been sick, and mature maidens, from a time beyond which the memory of apothecaries runneth not, have found solace in bread pills flavored with snuff. A century or more ago, incomes as large as any of to-day were made by fashionable physicians, and medical knights were almost as common as medical baronets in the Victorian era. They were, however, only "medical men." Some were poets, like Aken-

side and Garth, and one or two were polished *littérateurs*, like Arbuthnot and Browne. But outside the Royal Society or the Literary Club the greatest doctor of last century possessed scarcely any social influence. Bath and Tunbridge Wells, Ranelagh and Vauxhall were unruffled by their presence, and neither court nor coffee-house hung on the lips of one who had no other claim on society except that he was a well-mannered gentleman who felt many pulses and fingered a plentitude of guineas. Astley Cooper and Abernethy were surgeons of weight, and even wit; but their *brusquerie* made them more the terror than the darlings of a drawing-room, and men of their type were no more welcome in their non-professional capacity than are the plumbers after they have soldered the leaky pipe. The ladies' doctor is, indeed, an outcome of the strain of modern life. He ministers to weak nerves, feeble livers and the other incidentals of late hours and much caring for many things. To do so it is needful that he should be a skilled physician, if you like, but above all things a man of that world whose damages it is his business to repair. He must know the ways and the weaknesses of his clients, and not dream of playing the part of their moral instead of their medical mentor. Hence he is familiar with all the topics of the day, and yet is not pronounced on any one of them, for he is too wise to offend the patients by whom he thrives. He may know the winner of the Derby, but he must not be seen at Ascot and Epsom, and, though his coachman may drive the best of blood, it would ruin him were it reported that he had been seen behind a four-in-hand. He may write medical works—the more the better; but society is sceptical regarding omniscience. Sir Charles Bell's popularity fell off after he published his book on the hand. Yet art, being only an elegant amusement, may be pursued. Sir Henry Thompson collects china and pictures, and Mr. Seymour Haden etches, while a good many doctors garden, as did Sir William Lawrence, without finding their practice suffer. The ladies' doctor must not be an atheist—society has not come to that yet, and women who are nervous are always pious—but unless he cultivates a Dissenting connection, experience proves that it is safest for him to keep to a strictly orthodox course, neither too Broad Church nor yet with a suspicion of incense and the eastward position. For ladies with a taste for ritualism instinctively lean on the curate, and between him and his supplanter there can never be anything in common. The truth is a certain class of women must always be worshipping somebody. If it is their husbands, so much the better; but if

they are unblessed with these incumbrances, then, in the very nature of things, it is either the doctor or the parson. For a time the curate supplied that necessity. But lawn tennis and Darwinism were the death of the curate.

The curate's *clientèle* shot ahead of him, and got farther and farther away from his intellectual grasp when Darwinism and scientific small-talk became fashionable. His old friends liked to hear about cross-fertilization and Prof. Huxley, and what Dr. Tyndall was saying, or Sir John Lubbock thinking. Now, here the curate was at sea, while the doctor was at home and so gradually ousted his rival lay-confessor. He was, moreover, so accommodating; and if he knew his business—as the successful ladies' doctor invariably does—could find a medical reason for what his client only discovered an inclination. If Scarborough or the Harz Forest is an object of longing, the doctor—"who is so clever"—is sure that the air of Yorkshire or the pine resin of Germany "is just the thing for poor Muriel's lungs, and would do a world of good to my wretched headaches." And, after all, he is no more costly than the curate, and quite as safe. The curate charged no fees, it is true; but he was eternally appearing with subscriptions for rheumatic old women, for widows with thirteen children, for repair of the belfry, or for means to supplement the royal bounty to the laborer's wife who had for the second time presented her stricken lord with triplets. Then the curate flirted, and sometimes had his attentions taken seriously. The ladies' doctor is too wise to do anything so foolish. Who ever heard of a ladies' doctor eloping with anybody? and though it would not be hard for some of the more opulent of the order to marry a countess, there is, we believe, no instance of this indiscretion on record. He knows better than to inspire a suspicion that he is anything but the medical professor of the duchess and her daughters, or is other than emphatically safe. The ladies' doctor is sometimes pronounced "a humbug." Never was there a harsher judgment. He is the most prudent of men; for his prosperity demonstrates his knowledge of the world, and his perfect mastery of the necessity of the age which he undertakes to supply.

A PHYSICAL ASPECT OF ABSCESSSES.—Professor in physics: "What is Boyle's law?" Student, with a carbuncle: "To break out in the most inconvenient place."

A DANGEROUS TOY.—A gentleman writes to the London *Telegraph* with reference to a new dangerous toy: "A few days ago a son of mine, between ten and eleven, was nearly deprived of his sight through

obtaining some blocks of sodium advertised in a catalogue of conjuring apparatus. Combustion takes place when it is thrown into water, thus affording a very dangerous amusement to children; for my son in using some met with an explosion which scattered the water in all directions, and every drop that touched his face pitted him as if he had been shot. His eyelids were peppered all over. He suffered intense pain for sometime, and will, no doubt, carry to his grave several marks on his face." College students performing chemical experiments of this kind for the first time have had similar experiences.

CONTAGIOUS NATURE OF TUBERCULOSIS.—At the meeting of the American Public Health Association, Dr. Bela Cogshall, of Flint, Michigan discussed the now all dominant question of the contagious nature of tuberculosis, he mentioned the following, coming under his own observation in Flint, Michigan, it being in the family of an intelligent and industrious Irishman, whose family consisted of a wife and nine children, formerly healthy and robust. About nine years ago one of his sons, a lad 14 years of age, contracted tuberculosis, and after a sickness of a year died. Soon after this the father, then two daughters caught the disease, and succumbed after a few months' siege with the same disease. Other members of the household showed symptoms of the disease, but by timely treatment and removal from the infected house they escaped with their lives. The following remarkable case is reported by Dr. H. Weber: A young man who had lost his mother, two brothers, and a sister of phthisis, and who himself had twice had hæmorrhage from the lungs, had quite recovered, and married at 27, being then perfectly well. His first wife was in good health, and came of a healthy family. She died of consumption after her third confinement. The man shortly married again an "apparently healthy woman," and this second wife, after a year of married life, died of "galloping consumption." He again married a healthy young woman of 25, belonging to an "exceptionally healthy family." During her second pregnancy she developed symptoms of phthisis, which ran a rapid course and ended fatally in about eight months. Undaunted, this man married again, a fourth wife, of healthy antecedents. Three months after her first confinement she began to show symptoms of phthisis, and, notwithstanding two sea-voyages, died after nine months, with tubercle in liver, lungs, and spleen. Though the husband of these four wives, who was a sailor, remained in apparently good health, physical examination revealed the existence of morbid changes at the apex

of the left lung. It is possible that the life at sea kept his disease in abeyance, for when he had to lie by on account of a severe fracture, the disease became active, and he died of consumption within two years. At a recent meeting of the New York County Medical Society, Dr. Janeway reported the case of a phthisical man who slept with his pet dog. This died of phthisis. A second dog had the same fate, and a third also succumbed. There is a popular belief, that by sleeping with animals, phthisical patients can prolong their lives, and this belief is based on similar circumstances to those narrated by Dr. Janeway. The disease is supposed to enter into the animal who dies therefrom, thus saving the man, while there is a great probability that tubercular phthisis is a contagious disease, and was at one time markedly so. All forms of phthisis are not tuberculosis. The cases of Dr. Weber are not at all conclusive when looked at from this stand-point.

INOCULATION OF BOVINE TUBERCULOUS MATTER IN MAN.—Two Greek physicians have (*Medical Record*) recently made a direct experiment to see whether bovine tuberculosis could be inoculated in man. The subject was a common laborer, who in consequence of arterial occlusion, was slowly dying from progressive gangrene of the leg. In other respects the patient was healthy, and a careful examination showed that the lungs were in a normal condition. As he refused to submit to the amputation necessary to save his life, his medical attendants decided to test by direct experiment whether tubercle can be propagated from phthisical cows to man by inoculation. Tuberculous matter was accordingly injected into the circulation, whether with consent is not specified. The man lived about six weeks, then died of blood poisoning from progressive gangrene. The autopsy disclosed the existence of well-defined tuberculous deposits (without other disease of the pulmonary organs), very small, evidently very recent, and the direct result of the inoculation.

MEDICAL NEWS.

RECENT DECISION.—An authoritative settlement of the question as to whether weiss beer is intoxicating has been obtained in the General Sessions, before Recorder Smyth. Experts testified with confidence as to the properties of lager beer and weiss beer, and as to their relative intoxicating qualities. The bulk of the testimony went to show that the two beers are substantially the same in their properties, except that the greater admixt-

ure of water in the weiss beer almost entirely nullifies the intoxicating qualities of its other constituents. This may or may not be the fact, but, at all events, it went unchallenged in the trial. One enthusiastic brewer's collector went so far as to testify that no man could drink enough weiss beer to intoxicate him. Indeed, he said that he could drink a keg of lager beer, which is vastly stronger, without lessening his ability to attend to his own business. We have heard of men who, after drinking much less than a keg of beer, could not confine themselves to their own business, but insisted upon attending to that of others, and got themselves into trouble. But at all events, the jury acquitted the defendant, who was charged with selling an intoxicating beverage on Sunday, on the ground that what he sold was weiss beer, and not intoxicating. So we have a precedent that is of importance to such of our fellow citizens as are fond of beer, lager and weiss.

THE Bellevue Training-school for Nurses has held its tenth annual meeting, and given diplomas to twenty nurses. There have now been graduated one hundred and sixty-eight in all.

SUICIDE OF A MEDICAL STUDENT.—A young medical student, Mr. Norman W. Smith, who was studying at the Medical College, in Atlanta, Ga., committed suicide on January 7th. He was a young man of excellent character and habits, and was in apparently good health at the time.

AN electrical tricycle was recently ridden through London by Prof. Ayrton. The accumulators were placed on the foot-board of the tricycle and the motion was produced by one of Professors' Ayrton and Perry's newly patented electro-motors, placed under the seat of the rider. The total dead weight of the apparatus was one and a half hundred-weight.

It is stated that some kinds of woods, although of great durability in themselves, act upon each other to their mutual destruction. Experiments with cypress and walnut, and cypress and cedar prove that they will rot each other when joined together, but on separation the decay will cease, and the timbers remain perfectly sound for a long period.

ELECTRIC LIGHTING IN TRAINS.—The Pullman train to Brighton is now lit with forty instead of eighteen incandescent lamps, owing to the employment of the new Faure-Sellon-Volckmar accumulator supplied by the Electrical Power Storage Company. In the first instance seventy Faure accumulators (original pattern) were required for the eighteen lamps,

whereas now there are only thirty Faure-Sellon-Volckmar cells used for the forty lights, their total weight being considerably less than half that of the cells originally employed.

THE nefarious practices of a "new fledged bogus diploma-mill," says a medical contemporary—(the fine trope is worthy of note, if not of admiration)—have been discovered in Massachusetts by the activity of the honorary secretary of the Illinois State Board of Health.

THE NEW YORK NEW MEDICAL CODE.—The County Medical Society, has by a vote of 147 to 60, supported the new code—Dr. Austin Flint has made a vigorous defence of the old code, and counselled very different action in regard to the new one; but his influence was ineffectual to save the County Medical Society from its precipitate action; an action sure to evoke a stigma which almost every medical society in the world will place upon it.

THE GARFIELD BOARD OF AUDIT.—The award of \$20,500 to the four surgeons summoned to attend President Garfield has been received by them.

POLYCLINIC IN BALTIMORE.—Following the example of New York and Philadelphia, a Polyclinic is to be established in Baltimore. Next. Columbus and Fort Wayne are reflecting.

EDITORIAL.

TO THE SUBSCRIBERS AND THE PRESS.—In recognition of the almost universal demand, by the Profession, for Weekly, in place of Monthly Medical Journals, and in deference to the wishes of a great number of old patrons and friends, GAILLARD'S MEDICAL JOURNAL will, hereafter, be issued as a large Weekly of twenty-eight double-column pages. The journal will contain very much more reading matter, but it will be sent at the same price.

The two journals, "GAILLARD'S MEDICAL JOURNAL," and "THE AMERICAN MEDICAL WEEKLY," will be incorporated and published as one, under the title of "GAILLARD'S MEDICAL JOURNAL." The journal under this last name being the older work, and before the Profession for nearly twenty years. GAILLARD'S MEDICAL JOURNAL will be sent to the subscribers to both journals.

THE TELEGRAPH FOR MEDICAL JOURNALS.—Some of the weekly medical journals are making, what the old ladies would term, "a great to do," about the use of the telegraph in conducting a medical journal. The gasconade of Mr. Bennett, the

originator of the New York *Herald*, about his "line of courier ponies," his "Ocean Yacht," etc., seems to be about to be repeated, in connection with the use of the telegraph by some of the medical journals. No one objects to this harmless style of boasting, and self-glorification, and automagnification, so long as it is confined to an effort to advertise the journals making this species of investment. The bad taste displayed might be condemned, if one cared to notice it in any manner. But when this species of gasconade assumes, in its display, to reflect, by comparison, on other journals which do not "use the telegraph," and to pretend that such journals do not, *pro tanto*, do justice to their supporters, it is proper to look after this bubble advertisement, and by a very slight prick, to secure a much-needed collapse.

What is there in medical journalism for which the telegraph is needed? There are no literary weekly papers, or journals, or magazines which use this very convenient agent. And this avoidance of such useless machinery in the editorial office is certainly not due to want of capital, or energy, or "enterprise." It is because the use of the telegraph is manifestly unnecessary. To use it, however, even if it be necessary, is very easy and simple. It certainly does not require any talent or ingenuity. All that is required is the possession of a little money. If this be had, to boast of it, and to make a great parade over it, may be an advertisement for the boasters, but a bad one, certainly. It is meretricious and offensive, even in the lowest mercantile circles. In the circles of literature and science it is unnecessary to characterize it.

The great daily papers, as is well known, are all members of the "Associated Press," and, scattered as these are broadcast over the continent, they, by the "Associated Press Dispatches," bring to the breakfast table, and even to the supper table, of every citizen, the very latest intelligence in regard to every item of real interest, from every part of the civilized world. The medical man is presumed to be a very "wide-awake" species of animal in his demand for telegraph news, but, at best, he is not more so than are the representatives of thought and action in every department of life. In the supplies prepared for these, he has a full share, and obtains from the last "despatch" or the last "extra" the latest news in regard to everything which agitates, interests, or disturbs the world. In this is included even matters of medical interest.

The daily papers in their press despatches announced the death of Watson, the nature of the wound of Gambetta, the nature of the trouble of the last Napoleon, with the time of operation, the name of

the operator, and the result. When Velpeau and Pirrie, and Fergusson and Simpson, and Trousseau and Faraday, and the great in science, medical or collateral passed away, the daily telegrams announced the fact. So when great scientific Bodies meet, the information is thus brought promptly, tersely, and efficiently.

The *London Lancet* and the *British Medical Journal*, the French journals, with their capital of money, and brain, and enterprise, do not use the telegraph. It is as useless to them as it is to all weekly periodicals. They must, as weekly organs, be unavoidably behind the daily papers, in announcing facts of the day. They appreciate this, and do not touch the telegraph.

It may be that there are some medical men who are so curious, and so nervously organized, that they must learn the great fact that, whereas in some town last week, the mortality was at the rate of 21.5 per M., per year, it is to-day 21.7. But the average journal reader can sleep, without a chloral draft, even if he does not know this great fact.

It is true, that the transactions of the American Medical Association may be telegraphed. But it is also true that there is not one physician in 60,000 who would have his rest disturbed, if he had to wait for the mail to bring these. If that great Body has ever done anything so important that it should be telegraphed at once, it is a curious archaeological fact that that something is not on record. Indeed, all who are in the secret know that the Transactions of that body are like good wine; they are improved by being kept; by being stored away, and enjoyed by the connoisseur in such food, at leisure. At any rate these Transactions are none the worse for being kept; and kept for a long while. To send them by telegraph is as reckless, as it would be to send old Sherry or Madeira across the country by the "lightning express." As a good, long, slow voyage improves the body and aroma of the great vintages, so does slow carriage improve the Transactions mentioned. Every one should have time in which to prepare for them.

As to telegraphing the proceedings of little State societies, the bare mention of such a proposition is sufficient to demonstrate its absurdity. The daily papers improve these, by telegraphing incorrectly the names of the diseases discussed, and the names of the able debaters, giving thus to the whole a degree of unintelligibility and obscurity which mystifies the Public, and causes it to believe that the whole work is very distinguished and scientific. Any plan like this which can so improve the proceedings of State societies, should, therefore, never

be disturbed. To telegraph them correctly would be ruinous to all concerned.

It may be that if the proceedings of the last great meeting of the British Medical Association, with the masterly papers read by masters in medicine, had been telegraphed to this country, and so reached here seven days earlier, they would have been much better. But it did not seem so at the time; even to those who "use the telegraph in medical journalism." And yet no meeting of medical men has ever been more fruitful and valuable. The material came in the usual way, and, strange as it may seem, no one was made sick by waiting or suspense.

But, ridicule aside, it must be manifest to any one of fair sense that no use for the telegraph, in the conduct of weekly periodicals of any kind, has yet been discovered. What is worth knowing is before their issue already made known by the daily organs.

Were there any field whatever for the telegraph in the operation of weekly periodicals, those of unlimited capital, resource, energy, and liberality, would certainly be generally cultivating it.

From these facts it cannot be justly or sensibly claimed, then, that weekly medical journals which do not "use the telegraph" are inferior, unjust, or inefficient.

This journal, at least, will not undertake to secure help for its anxious readers by having telegraphed for them, the great fact that the mortality in Duluth is one tenth more than it might be, if everybody was good; or that the distinguished Dr. Jones moved that thanks be given "by this Body" to everybody for every thing done for everybody.

This journal, like all journals medical, deals somewhat in physic, but as yet it does not include the electric current of the telegraph in the therapeutics offered to its readers. And it does not intend to do so.

If the reader really wants some electricity badly, he can go to "Beard & Rockwell," or to "Bartholow;" and, while he may not learn anything of therapeutic value to himself or to his patients, he will, at least, learn something about the machines, and this, small as it is, will do him more good than Duluth statistics, or the results of society elections.

THE *Planet* is the title of the last New York medical monthly. It is not voluminous, being only of eight pages' length. It will exactly suit those "busy practitioners" who have not time to read; "men far busier than was ever Velpeau or Trousseau or Syme, or Græfe, or Watson, or those idle fellows who wrote and read six hours daily, because

they had no practice, and nothing else to do." The *Planet* is the journal for these overworked youngsters.

It is to have no selections, etc., but "original matter only." Now, a journal that is to have no borrowed light, cannot be a planet, for this has no light of its own! May the *Planet* have a large orbit, show that a planet really has its own light, that the belief on this subject is a delusion, and that there can be a planet without reflected light.

There is one thing orthodox so far about this new planet, its course is eccentric.

Its effort to shine without "borrowed light" is, as might be anticipated in a planet, not a success. This planet is neither luminous nor voluminous.

The fact is, when a planet has no light of its own, of course, and refuses to receive any from abroad, its surroundings, to even the most cheerful, must be rather dim, and its future course somewhat obscure.

However the JOURNAL wishes Dr. C. E. Nelson, who has the control of this planet, *bon voyage*; that his planet may not, like the planet of other wise men, prove to be a comet, and with its long tail disappear in the darkness from the view of interested and disappointed gazers.

TRACHEOTOMY STATISTICS AND TYPES.—It is very dangerous to even write of statistics. To print what is written is almost suicidal. Errors in manuscript are so easily made, and typographical errors will almost surely be overlooked.

Dr. Geo. F. Shrady, editor of the *Record*, recently performed handsomely the operation of tracheotomy in croup, on a child ten and a half months old.

He reported the case, and claimed that the fatality in this operation on children under two years of age was ninety-seven in a hundred.

In an editorial criticism, in this Journal (January 6th, 1883), there occurs this statement: "As to the teaching of the fatality of the operation among children, 97 in 100, the author misleads his readers very gravely. In the 863 operations reported by Dr. W. M. Mastin, of Mobile, Ala., there are reported by him the facts in regard to the operation on 32 children, whose ages are from 4 to 22 months. There were 5 cures and 27 deaths, or 1 cure in $6\frac{1}{2}$ cases. Dr. Shrady would have his readers believe that the mortality "in children under two years of age is 97 in 100; or 1 death in $33\frac{1}{3}$ cases; when the facts are that the mortality is 1 death in $6\frac{1}{2}$ cases."

This seems to "read" (as the saying is) very well; and yet the paragraph contains several blunders.

In the tenth line, the statement should be not

"1 death in 33½ cases," but 1 cure in 33½ cases. And in the eleventh line the statement should be not "1 death in 6½ cases," but 1 cure in 6½ cases. To doctors, the difference between "cure" and "death" does not seem to be anything more than a daily bedside event; but in statistics the difference is very great, and is also very great also to the patient and friends.

Dr. Shrady's operation was handsome and fortunate and very exceptional, but he is wholly wrong in his statistics. The mortality, after tracheotomy for croup, in infants under two years of age is not, as he says, 97 per cent, but 84 per cent; not 1 cure in 33½ cases, but over 5 cures in 33½ cases.

AN IMPORTANT CORRECTION.—In a valuable paper, on Hydrocyanic Acid (in Gastralgia,) which appeared in the WEEKLY of December 16th, 1882, the author's name appears, by a typographical error, (corrected in the proof), as J. Thomas Slivall; it should be J. Thomas Stovall, M.D., of Columbia, Ala. It is a useful paper, and will be read with interest. The error in the author's name is much regretted.

PSYCHOLOGY, HOSPITALITY, AND DIETETICS.—The following statement comes from Washington: The dinner given by the Representative at Wormley's, in honor of the Senator's re-election, is described by the *Washington Star* as "the handsomest dinner" given at that place this season. "The table was a bed of flowers. Just within the plates ran a border of roses and ferns. The central oval cushions of flowers stood between two floral ships, several feet in height, their rigging of smilax dotted with rose-buds. Two smaller oval baskets embellished the extreme ends of the table. Covers were laid for forty-five guests. The host sat in the centre, with the Senator on his right, and the Postmaster-General on his left. The *ménu* embraced seventeen courses, with wine for each course."

When Lady Macbeth, at the historical banquet of the Thane of Cawdor exclaimed, "Fie, my Lord! you do not give the cheer; to feed were best at home," she enunciated a rule as old as genuine hospitality. When in the place of hospitality (now a pleasure and glory of the past) there is but a vulgar display of costly flowers, and "the hospitable board" is converted into a florist's advertisement, one can see not only the disappearance of true and gentle breeding, but the loss of what is one of the greatest pleasures in life—the simple entertainment of sincere welcome. From such a vulgar display as that described above, the true spirit turns with disgust and regret.

"Seventeen courses, with wine for each!" Apart

from the vulgarity of such a display, this recent fashion has a dietetic interest for the physician. What must be the condition of the human stomach after such an ordeal—not once, but through "the season?"

It is said of Abernethy, that being persecuted by "a noble patient," to cure him of a dyspepsia which many medical men had vainly tried to remove, that the grand old cynic and satirist invited his noble patient to dinner. This was similar to the entertainments which the patient daily enjoyed; "not seventeen courses with a separate wine for each," (for polite society never was guilty of such vulgarity), but a fashionable entertainment. The doctor gave his butler orders to place by him a zinc-lined basket, and to pour into this secretly quantities of solids and fluids exactly similar to all that his guest consumed; shell-fish, soup, fish—roast, boiled—game, vegetables, salads, wines, olives, dessert, fruits, confections, liquors, coffee, etc. This was faithfully done.

Later in the evening, he asked the noble fellow how he felt, and was informed that the old horrors were upon him. The patient was asked to go into the study and inspect a rare curiosity; and this was done with alacrity. Arriving there, he exclaimed, "And now where is it?" "There," said the cynic. "Why, I see only a basket of sickening stuff," said the patient. "Exactly," said the doctor; "I wished you to see it; that is your dinner. 'My prescription' for your dyspepsia is for you to live like a man—soberly, temperately, and reputably. Do this, and you will be cured of your dyspepsia."

A "fashionable" dinner now would destroy a zinc-lined basket! It destroys even more; stomach, and brain, and heart.

CANCER PICTURES.—Several of the exchanges are profusely ornamented with cancer pictures; microscopic drawings of cancer cells, etc.—with text telling all about it. There was a time when this journal indulged in such displays, but it soon found that there was no "practical outcome" for the reader in such literature. It gave to the practitioner no practical aid. Experts were constantly altering their views as to the significance of such cells, and it once came about that there was no special significance to be attached to any of them. It takes better chaff than all of this to catch an old bird in journalism. For the present, the JOURNAL can only say to all working in this field that, in making pictures with suitable stories to go with them, "there's a chiel amang ye takin' notes," and if the result is worth anything "faith he will prant 'em."

GAILLARD'S MEDICAL JOURNAL.

(THE AMERICAN MEDICAL WEEKLY.)

Scientia et Veritas Sino Timore.

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ORIGINAL ABSTRACTS.

CONTAGIOUSNESS OF PHTHISIS.—Dr. Vincent Edwards (*Medical Journal*) for seventeen years resident medical officer at Brompton Hospital for Consumptives, cites the following facts as telling against the asserted contagiousness of consumption: Of fifty-nine resident medical assistants who lived in the hospital an average of six months each, only two are dead, and these not from phthisis. Three of the living are said to have phthisis. The chaplain and matron had each lived there for over sixteen years. Very many nurses had been in residence for periods varying from months to several years. The head nurses, says the writer, sleep each in a room containing fifty patients. Two head nurses only are known to have died; one from apoplexy; the other head nurse was here seven months, was unhappily married, and some time afterward died of phthisis. Of the nurses now in residence, one has been here twenty-four years, two twelve years, one eight years, one seven years, one six and a half years, and one five years. No under nurse, as far as Dr. Edwards is aware, has died of phthisis. All the physicians who have attended the in and out patients, during the past seventeen years, are living, except two, who did not die from phthisis. Similar evidence might be obtained from the various small-pox and contagious fever hospitals which would show that diseases were not contagious, although sent to these hospitals because of the danger of such contagion. Negative evidence of this kind is of very little value.

PAINFUL FIBROMATA OF THE KNEE.—Dr. Nicaise (*Progrès Médical*, January 6th, 1883,) has recently encountered the following case of this rare condition. A woman of thirty-seven entered his service, who twenty years before had been struck on the inner part of the left knee, and had suffered atrocious pain ever since from which she wished to be relieved at

all hazards. On examination of the knee slight tumefaction was found over the internal condyle, and marked atrophy of the whole limb. The diagnosis was therefore made of a chronic inflammation of the condyle. An operation was resolved upon because of the pain and the effect of this upon the general health. Upon an incision being made there was found a nest of fibromata varying in size from a walnut to a millet-seed. These small tumors, simulating in aspect neuromata, were adherent to the periosteum. Some fitted into depressions in the bone which, however, was healthy. An extensive opening of the articulation was necessary to remove those adherent to the synovial membrane. The operation was performed under Listerism and by aid of Esmarck's bandage, and was attended by excellent results. The deep sutures were made with catgut. Two drainage tubes were used; one ultra-articular. There being no rise in temperature these latter were soon unnecessary. The seventeenth day after the operation the patient was able to walk without difficulty. Four months after the patient was improving in general health, and the movements of the articulation were free. Histological examination of these tumors showed them to be fibromata. Dr. Nicaise called special attention to the difficulty of diagnosis and the rapidity of recovery. To antisepticism the good results of modern arthrotomies were due. These tumors seemed analogous in nature to the so-called painful sub-cutaneous tubercles. Richelot has removed a lipoma which also caused marked pain, and Monod has assisted Dr. Verneuil in removing a lipoma which had also caused pain. Dr. Cluny's article on knee arthrophytes (*American Medical Weekly*, January 13th, 1883), throws some light on the origin of these tumors which belong in the same category with those which Broca classed as irritable tumors.

CONTAGION OF MEASLES.—Dr. Bécclère has recently demonstrated that this affection is clearly contagious from the onset of the period of invasion to and

during the eruptive period, after which it is not contagious. The contagion is contained in the products of the respiratory mucous membrane. The existence of this contagion elsewhere is not as yet demonstrated. It is diffusible in the atmosphere to a limited extent. It is rarely transported by persons or clothing, one attack of measles does not confer an absolute immunity against a second.

PUERPERAL ARTICULAR AND JOINT CHANGES.—Dr. Fassola (*Centralblatt für Gynäkologie*) concludes concerning these: First. That they may occur during a pregnancy otherwise normal. Second. The articular affections running sometimes of an acute, sometimes of a chronic course, may be suppurative or fungous in character. Third. Bone diseases either epiphyseal only, or affecting the bone as a whole, may assume a like character. Fourth. These puerperal articular and osseous affections differ in their onset, course and results. Fifth. These affections are always of a septic nature even when subacute and when fever is absent. Antiseptic measures during childbirth are all that is necessary in the way of prophylaxis.

JUNOD'S BOOT IN TABES DORSALIS.—Dr. H. Lyman (*Medical Record*) describes a case of locomotor ataxia which fell into the hands of a quack and was treated by applications of Junod's boot. The improvement was progressive and marked, but from Dr. Lyman's description, the patient had evidently had only one of the remissions common in this disease. A possibility which the doctor entirely ignores.

POTASSIUM IODIDE HYPODERMIC INJECTIONS.—Dr. Gilles de la Tourette (*Progrès Médical*, January 6th, 1883) concludes: First. That a cubic centimetre of distilled water, containing fifty centigrammes of potassium iodide, can be injected beneath the skin without danger of local complications, providing that the solution be neuter; the injection be made deeply into a place where cellular tissue is abundant, and the punctures be not too close together. Second. Potassium iodide so injected is rapidly absorbed, and is detectable on the following day in the urine. A slight itching is sometimes produced by the injection, which ceases on rubbing the puncture with the palm of the hand. This will vary according to the sensibility of the patient. Such injections would seem to be indicated in case the drug cannot be given by the mouth.

LARYNGEAL ANÆSTHESIA.—Dr. Brown-Séquard (*Progrès Médical*, January 6th, 1883) claims that the anæsthesia consecutive to the projection of a

gaseous jet of carbonic acid or chloroform on the larynx, is due to inhibition of the nerve centres; the impression being produced through the medium of the superior laryngeal nerves. If the laryngeal nerve be first cut, the anæsthesia provoked by the carbonic acid or chloroform will be more marked on the opposite side, and may even be unilateral. At the society before which this statement was made, Dr. P. Bert asked what part was played by the shock of the percussion on the larynx. Would a jet of oxygen or air not have the same effect? Dr. Brown-Séquard in reply said, that the latter substances had been used without any anæsthetic effect.

LUPUS AND TUBERCLE.—Lupus as one of the scrofulides of the skin is sometimes regarded as being allied to tubercle, Dr. Leloir to test the matter, placed (*Progrès Médical*, January 6th, 1883) in the peritoneum of a guinea-pig, skin taken from lupus patients. Tuberculosis never resulted from this procedure, whence he assumes that if lupus have the same histological structure as tubercle it does not have the other properties. These two products morphologically alike, seem to be pathologically different.

PYROGALLIC ACID IN PHAGADÆNIC CHANCRE.—Dr. Vidal (*Progrès Médical*, January 6th, 1883), thought, from the causticity of this acid, that it would destroy the virulence of phagadænic chancre, and respecting the deeper tissues would convert the wound into a simple one. He has found that this was correct, and has treated several cases with success by the use of the following pomade; twenty parts of pyrogallie acid to twenty-four of vaseline. In certain cases he has used a powder of one part of the acid to four of starch. From the time when the ulcer is converted into a simple wound, it should be treated as a simple wound only, using in preference, in the dressing, the carbonate of the sesquioxide of iron. Pyrogallie acid exercises no influence on tertiary syphilitic ulcers.

CRANIAL DISLOCATIONS IN MENINGITIS.—Dr. Parrot (*Revue de Médecine*) has observed in several cases of meningitis in children a disjunction of the bones of the cranial vault with exudation of a sanguinolent fluid between the borders of the bones so disunited. The children in whom this condition was observed have presented an enlargement of the volume of the brain characterized by flattening of the convolutions and increase of weight due to the meningeal exudate. It is at this time that the cranial cavity becomes too small for its contents and the bones are disjointed. Two things are necessary to produce this condition:

First, that the encephalo-meningeal lesions be of rapid development; Second, that the children be neither new-born, nor adolescent, but belong to a period of life when the bones of the skulls are not united by either membranes or sutures between them.

MALIGNANT ŒDEMA OF THE EYELIDS.—Dr. Chi-pault of Orleans, France has had very good results in the treatment of this condition by the use of hypodermic injections of a mixture having as its chief basis carbolic acid and iodine.

VULVO-VAGINITIS IN LITTLE GIRLS.—Dr. J. Chr  on, (*Revue Medico-Chirurgicale des Maladies des Femmes*) says that this affection usually discussed under the title of vulvitis is really a vulvo-vaginitis. It arises from bad general health, and from a local exciting cause; local uncleanness, or masturbation. The affection may be of long duration without marked effect on the general health. The treatment should be directed against both the constitutional and the local condition. He uses for constitutional treatment saline-starch baths every day, three times a day the contents of a teaspoon containing one part tincture of iodine; three parts potassium-bromide, and one hundred and fifty parts tolu syrup, should be given before meals. Bicarbonate of soda should be taken with meals. Laxatives should be given every week. Locally, injections of the following mixture: neutral glycerine one hundred and twenty parts, potassa and alumina sulphate three parts, and Sydenham's laudanum two parts. Of this a teaspoonful to half a glass of lukewarm water should be given morning and evening. The lips of the vagina should be kept apart, with charpie steeped in this solution. This condition not unfrequently leads to innocent persons being accused of rape. The child being frightened into accusing some one whom its ignorant parents have suspected of giving it this disease which they believe to be gonorrh  a.

ORIGINAL ARTICLES.

ART. I.—MYOPIA; ITS INCREASE, SOME OF ITS CAUSES, AND HOW IT MAY BE IN A MEASURE PREVENTED. By JULIAN J. CHISOLM, M.D., PROFESSOR OF EYE AND EAR DISEASES IN THE UNIVERSITY OF MARYLAND, SURGEON IN CHARGE OF THE PRESBYTERIAN EYE AND EAR CHARITY HOSPITAL, OPHTHALMIC SURGEON TO THE UNIVERSITY HOSPITAL, ETC.

It has been the subject of common remark, that in our generation defects of vision are becoming

very frequent, and that eye diseases are on the increase; indicating for this, the most valued of the five senses, a progressive degeneration. The old members of society, who do not admit that weak eyes were one of the troubles of their day, stigmatize myopia, or near-sightedness, as a blind, introduced by the fashionable world and generally adopted, on account of the convenient privileges which it affords for staring rudely at people. Notwithstanding the deference which we are accustomed to pay to the opinions of our seniors, we must recognize the fact, that defects of vision are constantly on the increase, and are, moreover, accompaniments of intellectual progress and, therefore, more frequently met with in the best society.

The rapid advancement of ophthalmic science, and the improved means of detecting these ocular defects, have brought to light many cases which would formerly have remained unrecognized; but this does not altogether explain the increasing number of cases which we daily meet with, and we must look elsewhere for a solution of this important question.

A tendency to disease or defects is often an hereditary gift, handed down from parent to child through generations. Eye diseases are no exceptions to this rule and we therefore find near-sighted children the offspring of myopic parents. But such causes of myopia are the rare exceptions; the majority of cases can be traced to no such source.

We find some light thrown upon this very interesting subject, in a superior German publication, by Dr. Hermann Cohn, of Breslau, entitled, "Untersuchungen der Augen von 10,060 Schulkindern," from which I have made the following extracts. M. Cohn did not design a new field of investigation, when he collected the eye defects of so many school-children. This field of inquiry had been traversed before by Dr. James Ware, in 1812; by the administrative authorities in the Duchy of Baden, in 1840; by M. Szokalski, at Paris, in 1848; by M. Ja  ger, at Vienna, in 1861, and by M. Ruete, at Leipsich, in 1865. M. Cohn's investigations are only more reliable than those who preceded him, inasmuch as their statistical statements were made up from reports derived from the teachers of the schools, while M. Cohn examined himself, with every care, the 10,060 pupils; and wherever a defect in vision was detected, besides the usual tests, the ophthalmoscope in every case aided in the investigation.

For these studies, the author chose thirty-three schools, five of which were village schools, in Silesia, containing 1486 pupils, and twenty-eight

were city schools in Breslau, comprising 8574 scholars. Among the city schools, twenty were primary and the remainder schools of higher grade, including gymnasia or colleges. Of the 10,060 pupils examined by M. Cohn, 1730 were found "ametropic," a general term given to cases of defective vision from defective adjustment, including all cases arising from irregularity of refraction in the transparent media of the globe of the eye; when the refraction is in excess, it is called one of "myopia;" when the refraction is deficient, it is called "hypermetropia" and when the refracted rays are very irregularly transmitted to the retina or screen for receiving the image of the object looked at, the condition is called one of astigmatism.

The table stands thus: Of the 10,060 cases examined 8.330 or 83 per cent had sound normal eyes with perfect sight; 1.330 or 13 per cent were found with errors in refraction; 296 or 3 per cent, embracing all other diseases of the eyes. This table shows that among school-children there are more diseases in refraction than of all other diseases of the eye put together.

Among the 1330 cases of defective vision, 1072 were myopic or near-sighted; 239 were hypermetropic or over-sighted, and only 23 were astigmatic, or cases in which there was no perfect focus found upon the retina, either for long or short distance.

M. Cohn deduces the following as the result of his extended observation among a large number of children.

1. That cases of myopia can be found in every school.

2. That the number of these cases will continually vary, depending upon the grade of the school.

3. That but few cases are met with in country schools, only 1.4 per cent.

4. That, in the same grade of school, myopia will be found eight times more frequently in city schools—11.4 per cent.

5. In primary schools of cities there are four or five times more cases of myopia than in rural schools—6.7 against 1.4 per cent.

6. That superior schools for girls exhibit more cases than in primary schools—7.7 against 6.7 per cent.

7. In city schools the frequency of myopia bears a fixed relation to the grade of the school—primary, 6.7 per cent; medium schools, 10.3 per cent; normal schools, 19.7 per cent; gymnasia, 26.2 per cent.

8. In country schools, as in those of cities, the

proportion of myopics vary according to the status of the school, but never more than 2.4 per cent—the lowest percentage being 0.8, the highest 3.2 per cent.

9. In a given number of the higher schools the percentage of myopia would differ but little in the individual schools. Of the one hundred and sixty-six classes in the thirty-three schools, the eleven lowest classes contained no myopics. In the rural schools the pupils were arranged in three classes, and defective vision was found among them in the following proportions: The third, or lowest class, gave 1.4 per cent myopic cases; the second classes, 1.5 per cent; the first, or most advanced classes, 2.6 per cent of myopia. A similar organization among the city primary schools gave, for the third, or lowest classes, 3.5 per cent of near-sighted pupils; in the second order, 9.8 per cent; and in the first, or highest classes, 9.7 per cent. In the normal schools, commencing with the lowest form, we have the following percentage of myopics among the pupils: 9.6 per cent, 16.7 per cent, 19.2 per cent, 25.1 per cent, 26.4 per cent, 44 per cent, and lastly, in the gymnasia, or highest schools, the classes in similar order were found thus: 12.5 per cent, 18.2 per cent, 23.7 per cent, 31 per cent, 55.8 per cent. In the highest branches of study, more than one half of the students were near-sighted, and, in whatever school selected, the higher classes always exhibited an increased myopia over the percentage found in the lower classes.

The examination of the eyes of these many scholars also showed that the degree of myopia was always in relation with its frequency. With advancing age and higher studies, requiring more continued application, there was always a steady advance in the degree of defective refraction. In the lowest classes, with young children, 1-35 marked the degree of myopia; in the highest classes, among the most advanced pupils, it had increased to 1-7, which would require very strong concave glasses to remedy the defect of refraction. Of the 1072 cases of myopia, only twenty-eight could be traced to hereditary causes, a proof that short-sightedness is most frequently an acquired condition, an accompaniment and product of education.

M. Cohn traces its development and progress to one of three causes:

1. Defective construction of benches in schools.
2. Defective light in school-rooms.
3. Improper use of too weak or too strong glasses by pupils.

Upon careful examination of the school-rooms, Dr. Cohn found the benches and desks very defec-

tive as to their arrangement, position, height and inclination, and not suited to the height of those who occupy them. On this account the pupils were compelled to keep the head bent in a forced position, which impeded the returning venous circulation, and produced, consequently, choroidal congestions. Also, the near position of the book upon the desk necessitated exaggerated efforts of accommodation, with excessive pressure upon the globe of the eye. These two effects of a vicious and forced attitude sufficed to produce elongation of the globe of the eye, and consequently myopia.

In investigating the second category of causes, the author established by his observations that where schools were located in narrow streets, and surrounded by lofty houses—conditions in which the school-rooms were necessarily dark—the percentage of myopic cases was always found augmented. Among the twenty primary schools of Breslau, some were located on broad streets in the new quarter, while others were situated in the dark and narrow lanes of the old town. Among the first of this class of schools the percentage of myopia varied between 1.8 per cent and 6.6 per cent; in the second class, of dark schools, the percentage varied from 7.4 per cent to 15 per cent, clearly exhibiting the effects of bad light, and indicating the necessity for selecting school sites with judgment.

As to the third cause, the injudicious selection of glasses, Dr. Cohn found among his entire number of pupils 107 who were wearing glasses. Ninety-nine of these had selected the spectacles for themselves, and in only eight cases had they been selected by physicians. Of the entire number, twenty-six spectacles suited, the lenses neutralizing the myopia. In forty-one, the glasses were too weak, and in forty too strong.

Such are some of the causes to which Dr. Cohn attributes the great frequency of myopia in schools. He refers to the disease as one to which attention should be directed on account of its gravity. For when not cared for, the tendency of this affection is to increase with age, and may even threaten the loss of sight by the formation of a posterior staphyloma, with consecutive atrophy of the deep membranes of the eye, which are sometimes drawn into the pathological pit around the entrance of the optic nerve.

The three practical deductions of Dr. Cohn, as preventives or prophylactics, are—

1. That the height of school benches should always be in proportion to the height of the children who use them.

2. That school-rooms should always be well lighted.

3. That when spectacles are required, they should always be selected by some competent physician.

VACCINATION. Read before the Baltimore Medical and Surgical Society by JOHN C. CALDWELL, M.D., Neurologist, of Baltimore, Md., and Life Member of the Long Island Historical Society; Member of the American Medical Association, the Electro-Therapeutical Society of New York, Medico-Chirurgical Faculty of Maryland, the Medical and Surgical Society of Baltimore, etc., etc., etc.

Vaccination, as discovered by Dr. Jenner of London, and developed by M. Pasteur of Paris.

By way of introduction permit me to call attention to the fact, that in order to promote the greatest good to humanity, vaccination should be performed at least once every year during life; preferably in the fall or winter, for then it has its greatest vitality, and that small-pox is more prevalent during cold weather than at other seasons of the year. Whereas, the discoveries of Jenner and Pasteur are the greatest advances in the field of preventive medicine—a boon and a blessing to mankind, previous to which small-pox frequently destroyed from 50 to 70 per cent of a whole community, and now since its thorough introduction (vaccination) the mortality of this disease has never risen above 7 to 10 per cent, and much of the loss even of this percentage is greatly due to many common or prevailing errors concerning it; viz. First. By the foolish idea greatly dominant—that vaccination is apt to entail certain hereditary diseases, especially since the introduction of the pure bovine virus.

Secondly. Once vaccinated always vaccinated.

Thirdly. The idea that it does not run out under seven years.

Fourthly. The peculiarities and idiosyncracies of different individuals.

Fifthly. The unilateral vaccination. Vaccination should always be performed upon both arms alike, at the same time, and where idiosyncracies prevail, such as tardy takings, etc., vaccinations should be performed frequently on various parts of the body until it succeeds.

Again, the fallacy of the body changing only once in seven years is apparent to any physiologist. The truth is, the body is under continued morphology or change—old forms giving way to new formation, we are never the same even for the space of two days—ever changing, ever new; identity being the only stable feature of animal life. Thus we may readily see why the preventive power of vaccination

must be limited, and should be frequently re-performed, at least annually.

It is my opinion and firm belief founded upon a large experience in army and hospital life, when many cases of small-pox and vaccination came under my care and observation, that when this scourge becomes epidemic, the only true and safe mode of protection rests in a universal vaccination of the community, as it was my practice in this extensive field (U.S. Hospital during the war) to vaccinate each and every individual within the bounds of the command. In numerous cases vaccination took most thoroughly and in some instances those who had small-pox before manifested the influence of vaccination most markedly, and indeed, with those suffering from small-pox, I found the disease much modified by being vaccinated at the same time, so that small-pox and vaccination might run in a parallel progress. This would suggest, I think, the necessity of the Board of Health making a most thorough and sweeping order, backed by authority of the City Council, for the safety of the community, make the order peremptory, enforcing every individual to submit to vaccination. In this way only can small-pox be most thoroughly and completely *stamped out*.

Even so, medicine may proudly boast of this her grandest advance and truly say her son Jenner was the genius that stood "between the dead and the living; and the plague was stayed" (Numbers 16 : 48). In contemplating the terrible malady, small-pox or variola now prevailing all over the country, the mind naturally resorts to man's benefactor Dr. Edward Jenner.

Hence, permit me to direct the attention (of many readers of your extensive circulation) to a few extracts and memoirs of this worthy physician, in order that they may learn what manner of man it was to whom the entire world is so much indebted. Petty-grew's His. "Edward Jenner was born May 17th, 1749. He was a native of Berkeley in Gloucestershire. His father was the vicar of the place. His mother was a descendant of an ancient family in Berkshire. In early life Jenner was deprived of his father, and the direction of his education devolved upon an elder brother, the Rev. Stephen Jenner. He attained a respectable proficiency in the classics, and his taste for natural history manifested an early development, for at the age of nine he had made a collection of nests of dormice, and he employed the hours usually devoted by boys to play, in searching for fossils in the neighborhood. "No childish play to him was pleasing." Dr. Jenner had passed nearly half a century before he made known to the

world his experiments and investigations relative to the *vaccine disease*. His first successful vaccination was made May 4th, 1796. His ardor from an early period had been noticed and took its rise from the following accidental circumstances. While a pupil of Mr. Ludlow, a young country-woman applied for advice. The subject of small-pox was mentioned, upon which she observed "I cannot take the disease for I have the cow-pox." This was sufficient to excite the attention of Jenner, and the incident never escaped his recollection. It is easier to conceive than to express the emotion which would naturally spring up from the reflections upon such a subject. His benevolent feelings were at once aroused to full activity. He pictured to himself all the horrors of that pestilential and most loathsome disease, disfiguring nature's greatest work, slaying thousands upon thousands. He was yet sufficiently young to recollect the severity of discipline submitted to by himself in the practice of inoculation, which to use his own words, was no less than "bleeding 'till the blood was thin; purging 'till the body was wasted, and starving on vegetable diet to keep it so."

The patience manifested by Jenner in the prosecution of his inquiry into the cow-pox, the scrutiny to which he subjected every appearance that presented itself, and the fortitude with which he withstood every untoward circumstance, are entitled to all praise, and shows forth the great capabilities for conducting a physiological investigation. He divested the subject of all its difficulties and obscurities, and gave to vague, inapplicable, and useless rumor the certainty and precision of scientific knowledge.

"While," said Jenner, "the vaccine discovery was progressive, the joy I felt at the prospect before me, of being the instrument to take away from the world one of its greatest calamities, blended with the fond hope of enjoying independence and domestic peace and happiness, was often so excessive that in pursuing my favorite subject, among the meadows, I have often found myself in a kind of reverie. It is pleasant to me to recollect that these reflections always end in devout acknowledgments to that Being from whom this, and all other mercies flow."

Lord Bacon has said that "it is heaven upon earth to have a man's mind moved in charity, rest in Providence, and turn upon the poles of truth." Jenner is a striking illustration of the truth of this remark. In a letter to a friend, he says, "The vaccine disease, in my opinion, is not a prevention of the small-pox, but the small-pox itself, that is to say, the horrible form under which the disease appears in its contagious state is (as I conceive) a

malignant variety." Again, "What I have said on the vaccine subject is true, if properly conducted. It secures the constitution as much as the inoculation possibly can. It is the small-pox in a purer and milder form than that which has been current among us for twelve centuries past."

It is interesting to record the names of those who abandoned all prejudice, and solicitous to promote a general good, submitted to the practice at its earliest period. Mr. Henry Hicks was the first to submit his own children to the vaccination, Lady Frances Morton, (Lady Dacre) was the first personage of rank who had her child, her only child, vaccinated. The Countess of Berkeley was very instrumental in forwarding it, and the children of King William IV. were vaccinated by Mr. Knight. So numerous were the inquiries on the matter, so voluminous was the correspondence, that he facetiously termed himself "the vaccine clerk of the world." The Royal Jennerian Society was established in 1803, and had the king and the queen, and many others high in authority, for its patrons. On July 29th, 1807, the English House of Parliament passed an Act which gave Dr. Jenner \$100,000, as a slight token for his discovery. The Empress Dowager of Russia, sent him a diamond ring, accompanied by a letter, in testimony of her admiration for vaccination. She had her first child vaccinated, and named it "Vaccinoff."

The Medical Society of London presented him with a gold medal. The Physical Society of Guize made him an honorary member. The nobility and gentry of Gloucestershire, presented him with an elegant gold cup. Various other marks of consideration were bestowed upon him as testimonials to the benefits he had conferred upon mankind.

The following circumstance in this connection will be read with interest. It is a homage at the shrine of science and philosophy, rarely met with. Upon the breaking out of the war between England and France, among others who were detained in the latter country was Dr. Wicksham, one of the traveling Fellows of the University of Oxford. Dr. Jenner was solicited to use his interference to procure his release. He addressed a petition to Napoleon for his deliverance. The animosity of Bonaparte to England was then at its height. The petition was presented to the emperor in his carriage, when they were changing horses. "Away! away!" exclaimed the emperor. "But do you see," said Josephine, "from whom this comes—Dr. Jenner." The tone of the emperor's voice was immediately softened, and he said, "What that man asks must not be refused." The petition was granted. He

also succeeded in obtaining the liberation of other individuals.

He was chosen mayor of his native town, and received the freedom of the corporations of Dublin and Edinburgh.

Dr. Jenner's labors seemed to be most warmly appreciated in the East. Four thousand pounds were transmitted from Bengal, £2000 from Bombay, £1400 from Madras, and poems were written in praise of vaccination in all quarters of the globe.

Among Dr. Jenner's last testimony was, "My opinion of vaccination is precisely as it was when I first promulgated the discovery. It is not in the least strengthened by any event which has happened, for it could gain no strength. It is not in the least weakened by failures recorded, for had they not happened, the truth of my assertions respecting those coincidents which occasioned them would not have been made out.

The Dr. Jenner who attended Prince Albert in his memorable attack of typhoid fever, is a near relative of the famous vaccine Jenner, and apparently a worthy representative of so illustrious a father. The elder Jenner died of apoplexy on January 26th, 1823.

Dr. Pasteur, of Paris, has devoted twenty-five years of his life to the further development of the vaccine principle, and his great discoveries and advances are so well-known and popular as to make him President of the Academy of Sciences of France. The successful application of his discoveries in vaccination have been demonstrated on chicken and other animal cholera, splenic fever, kinefest and other epidemic or zymotic diseases throughout the Continent. His works upon this subject are received and relied upon universally. At the International Medical Convention, held in London, May, 1880, were 3000 delegates from all quarters of the globe, presided over by the celebrated Paget, and were countenanced and personally encouraged by the crowned heads of England and Germany—none received such honors and just praise as the modest savant and genius Pasteur.

What gave Marcellus the greatest concern, relates Plutarch, "was the unhappy fate of Archimedes at the siege of Syracuse." So absorbed was the great mathematician in elaborating problems for the defence of the city, that he knew not that the city itself was taken, and the army of the enemy in the midst of it, when a soldier demanded his surrender. His reply was, with a repulsive motion of the hand, "Hold until I have finished my problem!" The soldier, enraged, pierced him through the body with his weapon. Now, such mental absorption

gathers and concentrates all the powers of the intellect, and it was such absorption of the mind that induced and enabled Jenner and Pasteur each to devote and spend a lifetime in developing their grave truths.

TRANSLATIONS.

ETIOLOGY OF TYPHOID FEVER. By DR. J. MEISSONNIER. Translated from the *Progrès Médical*, December 30th, 1882, by H. McS. Gamble, M.D., Moorefield, W. Va.

The epidemic through which we are passing has once more brought before the learned societies, as the order of the day, the question of the etiology of typhoid fever. Among the different opinions expressed upon this subject, that which counts the greatest number of adherents—while waiting to secure the suffrages of all—is the belief in the fœcal origin of the disease.

Facts are coming every day, to give more force to the natural theory which explains the transmission of the pathogenic element of typhoid fever through impure drinking water, contaminated by the dejections of the sick.

In the month of May 1879, Dr. Lécuyer (de Beaurieux) demonstrated this transmission by numerous facts, before the Society of Public Medicine, and he has formulated thus the result of his observations.

“Typhoid fever is eminently contagious and is propagated chiefly through water courses; it is the fecal matters above all, by infiltration into drinking water, which are the agents of transmission.”

Should physicians accept this conclusion, capable of throwing light upon a point in the history of eruptive fevers which has remained obscure for a long time? Yes, they ought to accept it, because it has been deduced logically, according to the rules established by the classical books, in fact, in his treatise on pathology, Professor Grisolle has written: “The question of contagion can only be studied in small localities, where everybody is known, where the same physician seeing all the sick a few leagues apart in his round, can follow step by step the entrance and the mode of propagation of diseases.” It is under those special conditions, foreseen and indicated by the Master, that Dr. Lécuyer (de Beaurieux) found himself, when he recorded the indisputable facts proving that typhoid fever is transmitted by water.

All practitioners know that the statement above is not unique in the history of typhoid fever. The most curious is perhaps that made by Dr. Baraduc, in a locality of Puy-de-Dôme, called Mons, and

divided into two villages; Mons-le-Haut and Mons-le-Bas. In the village above, where a spring arises which supplies the village below with water, a case of typhoid fever occurs, and the linen of the patient is washed in a pond adjoining the spring. In a little while, while the upper village (which does not drink of this water, and which has served as a point of departure to the disease), presents in the epidemic but a single, perhaps doubtful case, the village below is decimated and nearly half of its inhabitants are attacked. As a still stronger proof, a single house escapes in lower Mons, and this house is found to be the only one which possesses a separate spring, which could not be contaminated.

The *Gazette des Hôpitaux* published (December 12th 1882) an example still more convincing, communicated to the Medical Society of the hospitals by Dr. Dèonès des Carrières (d'Auxerre). In studying the march of typhoid fever in the chief place of l'Yonne, Dr. Dèonès succeeded in showing that the quarters visited by the epidemic are those which were supplied with water from an infected stream, while the quarters spared are those which made use of other drinking water.

These facts explain the cry of alarm raised by M. N. Gueneau de Mussy to the Academy of Medicine, in regard to the water drunk by the people of Paris. For the honorable academician, the water of the Seine is good for nothing, the water of the Ourcq no better; as to the waters of the Dhuis and of the Vanne they might do a little better, but unfortunately they are too often mingled with the impure waters of the Ourcq, or of the Seine, taken from below Paris, loaded with organic detritus. According to M. Gueneau de Mussey, to filter such water does not suffice, it must be boiled before drinking it.

This method is radical we admit, but it will probably not suit the taste of everybody. Instead of boiling a liquid suspected of containing morbid germs—which gives a most insipid drink—would it not be more simple to make use of a natural, agreeable water, guaranteed free from all pathological adulteration?

SELECTIONS.

ABSTRACT OF LETTSOMIAN LECTURES ON THE TREATMENT OF SOME OF THE FORMS OF VALVULAR DISEASE OF THE HEART. DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON. By ARTHUR ERNEST SANSOM, M.D., Lond., F.R.C.P., Physician to the London Hospital, Senior Physician to the North-Eastern Hospital for Children.

In this course of lectures, my plan will be to

enunciate very briefly the bases on which I believe our therapeutics ought to rest. These are, in my opinion (1) the teachings of morbid anatomy ; (2) clinical observation of disease-processes, and their correlations. Then I propose (3) to review the lessons of the past as to treatment ; and (4) to adduce toward the elucidation of the various problems the arguments from analogy afforded by experimental investigation—a mode of inquiry rendered difficult, alas, by the stumbling-blocks which a false sentimentalism has placed in our way.

I. *Morbid Anatomy*.—I will consider the teaching of morbid anatomy as to lesions of the valves of the heart. I shall do this very briefly, for my object is merely to note them in so far as they may afford a guide to treatment ; and, when I speak apparently dogmatically, I do not make an assertion *ex cathedra* but in the spirit of an inquirer after truth. We will first consider the disease which most commonly affects the valvular apparatus of the heart and the adjacent endocardium—the disease known as endocarditis. In briefly reviewing its morbid anatomy, much will remain unsaid ; but I shall treat it first from the standpoint of mere observation, leaving all speculative questions.

I would classify the first changes in the endocardium, which I shall notice, as exudative. The curtains or cusps of the valves may be seen to be slightly swollen, and the endocardium to contrast by its dulness with the healthy portions adjacent. But the changes are most noticeable at the free edges of the valves, where may be seen isolated or agglomerated bead-like processes. Upon such processes may be observed sometimes little caps of fibrin. A thin section of a valve thus affected is seen, under the microscope, to differ from healthy valve-structure, in that its cellular elements are more numerous, and, especially toward the free edge, are closely aggregated. I wish to insist on the fact that, in a valve so affected, even the portions which seem to the naked eye unaffected are really infiltrated with cells. Only the aggregation is greater at the free edge, where small caps of fibrin are often found attached. The bead-like eminences observed by the naked eye are, according to my view, indications of a more widely spread inflammatory change in the valve than might be at first suspected.

2. The second form of endocarditis, or, properly speaking, valvulitis, to which I shall call attention, is that which I would term the sclerous, or fibrotic form. Here the valve—and it is the mitral which is affected in by far the greatest frequency—is thickened, but the thickening is not due to swelling of the soft tissue ; it is felt to be hard and firm. The

endocardium of the auricle near the valve is found to be dense and white. The valve-curtains, and often the cords, and fleshy columns, are, more or less, rigid. A patch of the endocardium lining the left ventricle, and leading up toward the aortic cusps, is sometimes also found white and thick, and the aortic valves themselves may be seen to have undergone similar changes. In this form, microscopic observation shows that there is a gradual fibrous transformation of the neoplasm, resulting in the production of a quasi-cicatricial tissue.

3. A third form of endocarditis, which I think of practical importance to distinguish, is that which is secondary to endoarteritis (atheroma). In this form, it is the aortic valves which are affected in a large majority of instances. Patches of soft flabby swelling may be seen in the lining membrane of the aorta, close to the aortic cusps, involving them in the change, and, perhaps, causing the inversion of one or more ; or yellowish patches may be observed in some cases, covered by a soft, pulpy material, the blood, perhaps, forcing its way in some softened spot between or within the arterial coats ; or the root of the aorta may be hard and thick, the thickening being of cartilaginous consistence, and, in such thickening, the cusps of the valve may be involved ; or, in like situation, and with like deformity of valves, there may be a bony or stony hardness, a calcareous change. The evidence obtained by microscopical investigation is to the effect that, in the swollen soft patches are abundant exudation cells, with hyaline, or slightly fibrillar matrix. These occur mostly as swellings of the internal coat, but Dr. Wilks has observed them in all the coats of the vessels. The yellow patches show fat-granules and cholesteroline-crystals. There is evidently a fatty degeneration of the inflammatory neoplasm. In the fibrous, or semicartilaginous variety, there is more fibrillation and fewer cells ; and, in the hard and bony form, there is a deposit of earthy salts in the interstices of the fibrous tissue.

4. The fourth form of endocarditis to which I shall call attention is that termed ulcerative endocarditis. Swollen and dull portions of the endocardium of the valve may be seen to present, here and there, a yellowish or grayish discoloration, and to be covered by a finely granular *débris*. The superficial endocardium in such situations has become necrosed. Through such breach blood may find its way, and, spreading between the layers constituting the valve, may form an aneurism thereof ; or, the ulceration extending through both layers, the valve may be perforated. More commonly, a considerable portion of the valve is eroded, and, upon the

eroded surface, fibrine is deposited in the form of single or multiple vegetations. The finger regularly detaches these vegetations, and the surface below them is found to be covered by a friable material.

II. *The Rise and Progress of Endocarditis as evidenced by Clinical Observation.*—The fact which stands out pre-eminently in this connection is the association with rheumatism, acute and subacute. Among English observers (Fuller, Sibson, Budd, Latham, and others), the figures approximate tolerably closely, and indicate that, in acute rheumatism, endocarditis becomes manifest in one out of every two or three cases. Continental observers, however, record a less proclivity; the figures of Bamberger, Lebert, Wunderlich, and Roth showing a proportion of one in five to eight cases. The statistics collated for me by Dr. Gabbett from the records of the London Hospital show that, in 1880, 113 cases of valvular complications were noted in 244 cases of rheumatic fever—a proportion of 46.3 per cent; and, in 1881, 170 in 295, or 60.6 per cent. The increasing proclivity to valvular complications with repeated attacks of rheumatic fever is well shown.

The first sign by which endocarditis is rendered probable is, in my opinion, a prolongation of the first sound of the heart, which may afterward develop into a distinct systolic murmur. Such murmur is, however, not absolutely pathognomonic, for it may be due to regurgitation from adynamia of the left ventricle. Such modification is commonly heard directly the patient comes under observation. I have observed also, as indicator signs, reduplication of heart-sounds; and, in these cases, a presystolic murmur subsequently develops rarely, a diastolic aortic murmur is the declaratory sign.

Endocarditis is by no means necessarily attended with pyrexia, nor even by any sign or symptom whatever referred to the heart.

I will now inquire concerning those cases of endocarditis which are not associated with a history of acute or subacute rheumatism. These may conveniently, for purposes of investigation, be divided into two classes; (1) those which are observed in early life; (2) those which develop after maturity. In the latter class are those cases of gradual onset which involve the aortic orifice, and sometimes the mitral subsequently, which are traceable to sub-inflammatory changes at the root of the aorta, and degeneration subsequently. In these cases the endocarditis and valvulitis are consecutive; they have no necessary connection with rheumatism, and their consideration may be conveniently deferred. The study of endocarditis, as it occurs in the early

periods of life, is a matter of very great importance. Almost every practitioner is familiar with the fact that cases of disease of the valves present themselves which have shown evidence of such disease for many years, from very early periods of the life of the patient, and yet inquiry fails to elicit that the subject of such disease has ever suffered from rheumatism in any form. It is surely of importance, therefore, that we should endeavor to learn how such disease originates in the period of childhood.

In acute and subacute rheumatism in the child, the proneness to endocarditis is greater than in the adult. Typical rheumatic fever is much less common in the child than in the adult; the articular manifestations are slighter, but I consider the tendency of the endocardium to disease to be greater. Of thirty-two cases of acute and subacute rheumatism occurring in children under twelve years of age, admitted into the North-Eastern Hospital during the past three years, 20, or 62 per cent, presented signs of endocardial affection. The development of endocarditis, however, in the child has not so close a relation with the other phenomena of rheumatic fever as in the adult. It may precede, or may succeed, even after long periods, the attack.

But there are other diseases, besides rheumatism, in the child, with which endocarditis stands in close relation; these are chiefly scarlatina and measles. In relation with scarlatina, endocarditis may occur either with or without the intervention of articular symptoms. Post-scarlatinal rheumatism is well known, and bears a close similarity to ordinary rheumatic fever; associated endocarditis is, therefore, rendered probable. But I have shown from recorded cases that such endocarditis may become manifest after scarlatina, not only without the intervention of articular phenomena, but long after the period of fever has passed, and during a time when there is no elevation of the temperature of the body, no pyrexia whatever.*

Again, there is evident proof that endocarditis can arise in close relation with measles. I have recorded a case in which both pericarditis and endocarditis occurred a fortnight after the commencement of convalescence from measles. At this time, a perilous attack of chorea developed. There was here no obvious manifestation of rheumatism, nor hereditary tendency thereto. It appears to me that the influence of measles in predisposing to endocarditis has been much underrated; and *à fortiori* the frequent sequence of these diseases, as observed in children, becomes an agency, and that, as I think

* Lectures in *Medical Times and Gazette*, October 25th, 1879, p. 472.

very probable, not only to the production of endocardial disease, but to acute rheumatism itself.

Excluding these causes, there yet remains a considerable minority of cases of endocarditis in children on whom no traceable disease has led up to the deterioration of the valve. The condition is only betrayed by various morbid conditions—the results, or concomitants, of the valvular disease. I have noted twenty-seven of such cases. They have been marked by (a) disorders of the nervous system—hemiplegia, hemianæsthesia, epilepsy, chorea; (b) disorders of nutrition—wasting, anæmia, etc.; (c) disorders of respiration or circulation, cough, dyspnoea, or the usual phenomena of progressive cardiac failure. Sufficient is this evidence to prove, I think, that, in the child, endocarditis can arise and progress without special symptoms, without pyrexia, without the disturbing influence of any acute disease.

As regards the pathogenesis of rheumatic endocarditis, I do not think the evidence at all justifies the conclusion that its first cause is extrinsic to the body, or that it is of malarial origin, and of the nature of an organized germ. On the other hand, there is much to prove that the “poison” is generated by a perverted metamorphosis, by retention of effete products in the blood. It is quite probable, I consider, that lactic acid is one, but not the only, product capable of acting on the pathogenetic agent. Such agents may be many, between fibrin on the one hand, and the excreted morbid acid on the other. It is not proven, but yet not improbable, that disturbance of a tract of the spinal cord—a postulated chemical co-ordinating centre—may be a mode in which the disorder can be originated and prolonged, as Dr. P. W. Latham has argued.

I must now approach another part of my subject, and inquire concerning the efficacy of extant methods of treatment in regard to rheumatic endocarditis. It has been claimed of almost all methods of treatment of rheumatism that have been advocated, that they have been instrumental in controlling or preventing the cardiac complications of the disease. The individual experience of observers has been cited again and again to point the efficacy of this or that remedy or method in mitigating the chief danger of rheumatic fever. Yet proof of such vaunted efficacy has soon been found to be unsatisfactory, and it may be confidently asserted that no antidotal treatment is yet known—that we have, for instance, no drug which can influence endocarditis, as quinine influences ague, or as mercury and iodide of potassium influence syphilis. The discussion which was so ably sustained in this Society

during the last session, which has been fully reported, has put the claims of various forms of treatment of rheumatic fever to a numerical test. The results of treatment by rest and mint-water; by alkalies; by blistering, and by administration of salicin and its compounds, were compared; and it is fair to assume that, if any agent other than these had been efficient in the treatment of rheumatic fever, or of endocarditis, evidence would have made this apparent.

The result of the discussion, which it is unnecessary to epitomise,* was to show a strong concurrence of testimony, to the effect that the administration of salicin or the salicylates was to very decidedly reduce the suffering and the fever of rheumatism, but in no marked degree to influence the development of endocarditis, and other cardiac complications. *Primâ facie*, this seems to be a strange conclusion, for one might imagine that an agent that reduced in such marked degree the pain and fever which must contribute to disturb the heart, even if it had no decided effect upon the rheumatic process within the heart, would with great probability influence for good the inflammatory process in pericardium as well as in endocardium. The conclusion is forced home, however, alike by individual experience—for we find that pericarditis and endocarditis are shown by physical signs to arise and progress in patients who are fully under the salicin treatment—and by statistical inquiry from large numbers of cases treated by the salicin compounds, compared with those treated in the presalicylic era, such as has been carefully followed out by Dr. Gilbert Smith.† Dr. MacLagan, to whom the profession and public are indebted for the introduction of agents which have at any rate been proved to contribute to the comfort of suffering patients, himself allows that the hopes that they would ward off cardiac complications have not been realized. I consider that there are strong reasons why a mode of treatment which is efficacious in rheumatic fever, is powerless as regards cardiac complications. To put the matter clinically or practically: we observe, let us assume, a patient in a first attack of rheumatic fever. He presents (a) a murmur indicating an endocardial complication. I think I must have convinced you that such endocarditis may have arisen, not during the attack from which he is at present suffering, but from the disease acquired insidiously at any time previously. It is obvious that any remedy would fail to influence the cardiac complication in such a class of cases.

* *Vide Lancet*, December 17th, 24th, and 31st, 1881, January 7th and 28th, 1882.

† *Lancet*, January 28th, 1882, p. 135.

Or (b) a modification of sounds or actual systolic murmur developing at the apex makes us suspect the present rise and progress of endocardiac inflammation. But such may have had its commencement long before the advent of the other symptoms, for no sign will betray the gradual swelling of a valve. A swollen valve is not necessarily incompetent. On the other hand, a veritable systolic murmur at the apex is no conclusive proof of endocarditis, for it may be due to adynamia of the cardiac muscle. Here, then, is a double source of fallacy in the statistics of the cardiac complications of rheumatism. Or (c) the patient, manifesting no evidence of valvular impairment, is, at the termination of his attack of rheumatic fever, discharged as free from cardiac disease. I do not think that such conclusion is to be justified. A valve may be inflamed, and give no evidence of incompetence; the patient may be discharged, and show no signs of cardiac trouble; but a slow process of shrinking or of sclerosis may be going on, and, when the patient next presents himself, there may be undoubted evidence of endocardial mischief. This is, I consider, by no means of unfrequent occurrence; and this is one reason why a second attack of rheumatic fever is attended with such notable numerical evidence of a highly increased ratio of cardiac complications.

For such reasons as these I think it impossible—the sources of error being so numerous—that we can get from statistical inquiry satisfactory evidence as to the efficacy of different plans of treatment in warding off endocardial disease; and I dissent from those who hold that a remedy which is efficacious, in the treatment of acute rheumatism ought to show, on numerical inquiry, a favorable influence on the correlated heart-disease. I consider the treatment by salicin and the salicylates, even though no favorable results are manifest as regards cardiac complications, to be the most favorable to the patient of all forms of treatment hitherto known. In such cases, it may be legitimately asked whether I adopt an altogether pessimist view of the treatment of endocarditis. Can nothing be done? My answer is, Much; but it must be in the direction of *preventive treatment*. My own experience is strongly toward the conclusion that endocarditis is more prevalent, as well as more extensive and severe, among the poor than among the well-to-do. This question is one that might with advantage be put to the numerical test. We greatly want the evidence of the family practitioner to compare with that afforded by our hospital statistics. The predisposing causes to the advent of endocarditis, which, as I have shown, can arise without the intervention of

obviously rheumatic phenomena, are most probably, (1) exposure to vicissitudes of temperature; (2) an irregular and improper dietary. These are the impulses to a perverted nutrition, resulting in the retention within the blood of the excrementitious products, which we may call “the rheumatic poison.” Attention to the clothing and proper feeding of infants and children constitutes, in my mind, therefore, the treatment of the first importance as regards endocarditis. There is no need now-a-days to insist on the importance of preventive treatment as regards the zymotic diseases; this is well recognized. Is it not quite as important as regards the subtle disease we are now considering? I would, while recognizing the difficulties of such proceeding, strongly recommend the periodic medical examination of children, even though they present no obvious signs of disease.

Of no less importance is the treatment in regard to the zymotic diseases, which are correlated with the endocarditis, viz., scarlatina and measles. The subject of an attack of scarlatina should be watched with great care for long periods after convalescence. Moreover, the slightest sign of throat-ailment, especially with children, should be looked upon with suspicion. I have no doubt whatever that, in a large number of instances, ulcerative tonsillitis of zymotic type occurs in children unnoticed and unknown, and that in many such a renal complication is instituted which is also neglected. The rise of endocarditis in such cases is, as I have said, not during the period of fever. I do not recognize the influence of morbid germs in directly occasioning the inflammatory change in the valves, but subsequently, it may be after long periods. The teaching I would enforce, therefore, is that the subject of scarlatina, or of the allied forms of throat-affection, should be watched, protected, dieted, and treated for periods much longer than is now usual. And as regards measles, there is unfortunately a widely spread tendency to regard measles as a very slight ailment, that requires little or no treatment. Experience tells, however, that it is often not only the immediate precursor of bronchopneumonia frequently and heart disease occasionally, but that it effects upon the powers of nutrition a deleterious change which lasts, as in the case of scarlatina, for long periods. The subsequent treatment, therefore, of the subjects of measles, should, in my opinion, be much more protracted than it is at present.

Such is an outline of what I consider the common-sense treatment of the first causes of endocarditis. During its rise and progress in an attack of rheumatism, I prefer the treatment by salicin, or

the salicylates, in sufficient doses (usually 20 grains every four hours till the pain and pyrexia have subsided, and afterward the same dose twice or thrice a day). From the evidence of Dr. Isambard Owen, there is a good case in favor of combining with this the administration of full doses of alkalis.* Vesication, by application of liquor vesicatorius in the left axilla, I think also of service.

It now only remains for me to allude to the clinical significance of ulcerative endocarditis with regard to indications for treatment. It happens sometimes that this affection arises and runs its course, with little or no evidence that the endocardium is impaired. (Such cases often present a strong resemblance to typhoid fever.) Here treatment is of no avail; the disease is uniformly fatal. By far the most frequently, the disease is ingrafted, as it were, on chronic disease of the valves. It appears to me that such cases can be divided into two classes: the infective and the non-infective. In the infective cases, there are extraordinary disturbances of temperature, multiple emboli, and septicæmic signs, or even abscesses. It is in such that micrococci are discovered. Their origin I believe to be due to specific organisms—derived from some subtle zymotic influence, or from absorption of virus, as in the puerperal cases. It is not that the micrococci induce the endocarditis, but they complicate the already existent endocarditis by necrosis of the diseased tissue.

In other cases, though nearly all are characterized by embolism, the proof of infection and, as I think, the probabilities thereof are wanting. In a case lately under my care in the London Hospital, there was no marked pyrexia whatever, the temperature never exceeding 101° Fahrenheit, and, for the most part, keeping close to the normal. I consider it most probable that, in some such cases, the ulceration is induced by mechanical causes. Drs. Wilks and Moxon have pointed out that a great mass of vegetation may cause ulceration of the heart-wall by direct pressure, or a fibrous clot swinging in the blood-current, coming sharply into contact with the muscle, may, by friction start an ulcer.† In like manner, I think it very probable that a weighty vegetation, or mass of vegetations, upon a valve may, by agitation in the blood-current, so disturb the nutrition of the endocardium which constitutes its base, as to start the process of necrosis. The lessons taught by a study of the cases are these. 1. More than ordinary care should be exercised to keep the subjects of valvular disease of the heart from possible sources of infection. 2. Any threat-

ening of endocarditis should be treated by the most perfect physiological rest attainable. 3. Nutrition should be sustained to the highest degree practicable.

OBSERVATIONS ON SIX HUNDRED CASES OF DIABETES TREATED AT NEUENAHN.* By RICHARD SCHMITZ, M.D., Neuenahr.

Six hundred patients have been under treatment; of these, 420 were Germans, and 180 foreigners; 5 were under 10 years old, 25 between 10 and 20 years, 56 between 20 and 30, 104 between 30 and 40, 134 between 40 and 50, 196 between 50 and 60, 60 between 60 and 70, and 20 between 70 and 80 years of age: 248 of the patients came of families in which diabetes had already appeared; 51 came of families in which some serious psychosis had manifested itself, and 45 more had relatives who were remarkable for eccentricity or irritability, and 42 came of families which were markedly tuberculous; 93 of the cases were Jews, and of these 48 had diabetic relatives, 18 had relatives with psychoses, and 9 tuberculous relatives. In 8 cases, both husband and wife were at the same time suffering from diabetes. In 183 cases, the immediate exciting cause of the disease appeared to be some acute disturbance of the nervous centres, and only system. In 153 cases, the diabetes was attributable in 18 was there any essential disease of the nervous to an excessive indulgence in sugar and saccharine food. In 45 cases it was attributable to gout, and, in several instances, alternated with a gouty attack. It was in these cases that alkaline waters and salicylate of soda were most useful; in 22 cases, diabetes seemed to be the result of the exhaustion consequent on some severe and long-continued disease. The specific gravity of the urine varied from 1025 to 1035; the highest was 1042, the lowest was 1013, and in this latter 1 to 5 per cent of sugar was found. The average daily amount of the urine was 2500 c.c. to 3500 c.c.; in only one case was it 9000 c.c.; in 14 cases it was as low as 500 c.c. to 800 c.c., in spite of taking 1600 grains of the sprudel water; but wherever the quantity of urine was small the perspiration was great, and where perspiration became copious the sugar decreased, which may explain the beneficial action of pilocarpin, and of Turkish baths. Generally, the day urine contained most sugar, exercise diminished it, while mental exertion and nervous excitement and pain increased it. The sugar varied from one to three per cent; in only one case was it as high as

* *Lancet*, January 28th, 1882.

† *Pathological Anatomy*, 2d Edition, page 120.

* Abstract of a paper communicated to the Medical Society of London.

eight per cent. When albumen was present, as not unfrequently happened, it seemed to be in inverse relation to the sugar. After the disappearance of the sugar, a material increase of phosphates, and, in some, of oxalates, was noticed; in four cases, hippuric acid was present. In two cases, sugar was simulated by a form of uric acid when the copper test was used; the fallacy was rectified by the polariscope. When the skin was dry, there were considerable polyuria and much emaciation; if there was a fair amount of sensible skin-action, the emaciation was not marked; 35 cases were very fat, and other 46 had lost little of their former corpulency. The muscular weakness is the consequence, mainly, of degeneration of structure, which affects not only the voluntary muscle, producing the unsteady gait and the easy fatigue, but affects the cardiac muscles, producing the small pulse, the feeble heart contraction, the syncopic attacks, and the death by asthenia; the intestinal muscles producing the constipation, and the ciliary muscles producing the errors of accommodation. The cardiac weakness accounts probably for some of the cases of death, with accompaniment of coma or convulsions, which have been attributed to acetonæmia. Of the condition called acetonæmia, there were six cases. That it is caused by the absorption of some noxious product of fermentation in the bowels is certain, but whether this is always acetone is doubtful. The case was relieved as soon as a free evacuation of the dark colored, very fœtid contents of the bowels was secured by castor-oil. If this could not be accomplished the patient died.

Two forms of hunger are to be noticed: one, the normal hunger produced by the need to replenish the great waste of tissue; the other, a form of bulimia, a ravenous desire for any kind almost of food, which I consider a neurosis. In this connection is to be noticed the frequent insatiable desire for sugar, similar to the alcoholic craving of the drunkard. Thirst is to be looked on as the result of the drain of water, rather than as the result of the passage of sugar. A fœtid odor of the breath is proportionate to the amount of sugar passed. Looseness and falling out of the teeth is often an early sign of diabetes. Gastric disorders are rare, in spite of the food being difficult of digestion; but intestinal troubles are frequent, notably constipation, and sometimes diarrhœa. Constipation appears to me to depend less on the nature of the prescribed food, than on the weakness of the degenerate and enfeebled muscular coat of the intestines. When diarrhœa occurs, there is evidence in the gray fœtid motions which are quickly covered with a thick

froth of fermentation of sugar, unnaturally present in the bowels; of which the urine, at this time, is found to contain very much less than just before the attack of diarrhœa. Neuroses of various kinds, such as a form of hunger, already referred to, are not uncommon; they are chiefly neuroses of sensibility; of motor neuroses, cramp was the only one noticed. Crural neuralgia was not uncommon; sciatic and lumbar neuralgia less frequent; some cases of cervico-occipital neuralgia were noticed, and one of mastodynia in a man of seventy-five years. For their relief, codeia and salicylate of soda were most useful. The vulvar pruritus common in female diabetics is probably largely neurotic; it is greatly relieved by lotions of salicylic acid. Apathy is probably produced by the direct influence of the sugar-holding fluids on the brain.

Tuberculosis became developed in the course of diabetes in twenty-six cases only. Impotence was frequently present, but, in twelve cases, sexual desire and capacity was increased. Balanitis was occasionally observed, and was relieved or cured by strict cleanliness and salicylic acid lotions. Dimness of sight was frequent, partly produced by accommodation disturbances, and partly by turbidity of the lens, which disappeared with an improvement in the diabetes, except in three cases, where there was cataract, which was successfully extracted in all. Boils were common, produced by nutritive disturbances of the skin, as also erysipelas and phlegmon. The prognosis should not be so discouraging as has hitherto been the custom.

THE CURATIVE EFFECT OF CHLORAL IN TWO CASES OF ALBUMINURIA. By THOMAS WILSON, M.R.C.S., Eng., Wallsend.

When Liebreich introduced chloral, he claimed for it a prominent position among the drugs known as hypnotics—a position which the experience of medical men has more than confirmed. Its inventor only regarded it as a sleep-producer. Little did he think of the various uses to which it might be applied. Like all new drugs, however, chloral has been used in various combinations for the most varied affections. No one, I think, has as yet drawn the attention of the profession to the almost marvellous effect of chloral in causing albumen to disappear from the urine, and with it the presence of an existing œdema. I am aware that no absolute results can be based upon the success which has followed the treatment of one or two cases of albuminuria; but the facts are so strong, and the results of treatment so striking, that these must be my excuse for bringing them under the notice of the profession.

Mrs. R., a delicate-looking woman, aged forty years, was delivered of her eighth child in February last. Her children had come rather quickly; on the last occasion, it was the second within the year. During the time she was carrying her last baby there was no œdema of the legs, and nothing occurred of any importance during the period of gestation. Her last labor finished well; but, somehow or other, she never regained her strength. She suffered from night-sweats. The end of March found her suffering from cough and severe attacks of asthma. Medicine proved of little service, for dropsy set in, and the urine became albuminous. On April 13th, Dr. William Murray saw her, in consultation with me. In the early part of May, Dr. Oliver saw her with me, and at this time her condition was as follows. Both legs were very œdematous. Breathing was short and difficult; it amounted to orthopnoea, for patient could not occupy the recumbent position. The lips were markedly cyanosed, and the pulse extremely weak. There was frequent cough, but the lungs exhibited nothing very abnormal; the urine was albuminous, but no cardiac murmur was detected. From the weakened sounds of the heart, cyanosis, and difficulty of breathing, in the absence of any marked pulmonary lesion, I was led to diagnose a dilated heart, passive congestion of kidney, and dropsy. For some time past, the patient had been taking chloral rather freely, and, to diminish it, Dr. Oliver suggested, from its tonic action, as well as its hypnotic, the use of hops. Externally and internally their employment was unsuccessful. I again resorted to the use of chloral, but only at bedtime. Fortunately, a most reliable nurse had been obtained, and, as it had been frequently noticed that the urine passed a few hours after taking chloral was lighter in color, and contained less albumen, I got her to keep specimens of urine passed at various periods of the day, for comparison. That there might be no mistake, this work was undertaken for some days by the husband, who sat up night after night with his wife. The experiments were carefully conducted, and admirably carried through. From the regularity with which it was noticed that the urine passed after taking chloral was clearer, of lower specific gravity, and contained less albumen than that passed at other times, it was decided to test the effect of chloral by withholding its administration altogether. Until now, the patient had been improving; the albumen had greatly diminished, the œdema was disappearing, and the patient was able to be moved to the couch; but no sooner was the chloral stopped than the symptoms returned. Every medicine was now stopped, with the exception of the chloral, as it was

quite apparent to Dr. Oliver and myself that this was the only remedy likely to prove of service. Daily I made a comparative examination of the urine passed at various periods, and I always noticed that the urine which was passed after taking chloral contained a diminishing quantity of albumen. Dr. Oliver at this time made an independent examination of the urine, of which the following is a brief statement: Specimens passed after taking chloral were of average specific gravity 1016, acid, with no albumen; specimens passed at other periods contained albumen, and granular and hyaline tube-casts.

A continuation of the chloral treatment resulted in complete disappearance of albumen from the urine, and with it disappearance of the other symptoms I have mentioned. In the middle of the month of July she had so far recovered that she was able to be removed to the sea-side. At the present time she is better than she has been for many months past, and, with the exception of amenorrhœa, she is quite well. No explanation is offered as to how the chloral was followed by such beneficial results. Suffice it to say that, under its use, a lady so prostrate that she could not stand, with a dilated heart, albuminuria, and marked œdema of feet and legs—indications of a grave constitutional state—has simply been rescued from death. The chloral did not produce any apparent diuresis or diaphoresis.

In another case—a lady 68 years of age, the subject of albuminuria and dropsy—I gave chloral, and had the satisfaction of seeing this line of treatment as successful as in the case which I have reported.

CORRESPONDENCE.

PETERSBURG, VA., Jan. 25th, 1883.

MY DEAR DOCTOR: The publication in several of the recent journals which come to me, yours, I believe, among the rest, of the retention of a child's head in the womb for forty days after the delivery of the body, by a couple of surgeon accoucheurs, has recalled to my mind a case of my own, occurring several years ago, when I was rather better acquainted with the books than with practical obstetrics, and which gave me infinite concern at the time. Indeed I would greatly prefer not to encounter a similar case now, though my experience in the resources of nature has been so much enlarged, that I do not always spend a sleepless night or get a gray hair from every patient, pronounced by all science and all art and all precedent, to be hopelessly ill.

In the case referred to—of the retention of the head

in the uterine cavity for forty days, we are told that no treatment was resorted to for eight days, after which time a midwife was employed to give simply warm water injections two or three times a day, and yet that there had been no rigors, no abdominal pain, that the functions of the bowels and of the bladder had been healthily performed, and that sleep and appetite were normal. The only symptoms she had complained of were weakness and "*some offensive vaginal discharge*." After the delivery of the head on the fortieth day with the use of sponge tents, ergot, forceps, incision of the neck, breaking up of the bones, etc., an operation to some extent attended with danger, or apt to be followed by unpleasant consequences, to write it as mildly as the truth will permit, "*absolutely no unfavorable symptoms occurred!*" During the extraction of the foetal bones, pieces of placenta of course were removed, "*some of them*", we are told, "*tolerably healthy!*" Now, where were all the bacteria and other septicæmia-producing organisms during that forty days of Lent? Fasting, inactive, and retired for meditation?

This case is not without precedent, of course no case is; there is nothing new under the sun. Freund reports a case of retention of the foetal head for *ten years!* Excuse my not giving page and number of report; I am not writing under circumstances which permit me to look up my authorities. I dare say you will endorse me, and that is enough. I wish now to report my case—a case of retained placenta. Of course others have been retained before, and without accident or bad consequences, and I report it, not for the purpose of inculcating the lesson that such retention is innocuous, and the delivery of the body a less or unimportant office in midwifery, but simply for the encouragement of accoucheurs who may possibly stumble upon a similar case, and that they may divide such encouragement with their unfortunate patient, and not doom her to death before her day.

On the 1st day of June, 18—, on a sultry afternoon, in an upper room, under a tin roof, and with the mercury in the hundreds, I delivered a lady of her third child, after a labor of about three hours' duration, and which was normal in every respect. Keeping my left hand on the uterus and following up the expulsion of the foetus with a firm and retained grasp of that organ, which I had done for years, before meeting with the wise suggestions of Crede on that subject, and to which practice I attribute the fact that for twenty years, in a large obstetrical clientele, I have never had a case of serious post-partum hæmorrhage. I was rather surprised to find that the uterine globe did not properly diminish in size, but

remained full and firm, as if holding in its fundus an unusually large placenta. Uncovering the child in whom respiration and pulmonary circulation were at once and well established, I divided the cord, leaving the placental end untied, and tried the effect of bleeding through it. The cord, however, had almost ceased to pulsate before it was divided, and but little blood would flow. I commenced a little friction (grasping, etc.) on the uterine globe with the left hand, and made the usual light and irregular twitching upon the now flaccid cord with the right, but no effort at expulsion and no diminution of the globe occurred, nor was there any flow of blood to indicate that the after birth was at all detached. After waiting some fifteen or twenty minutes, and no effort at expulsion occurring—having given of course the regulation dose of ergot in the mean time—I passed my right hand into the womb, which was pretty firmly shut down upon the placenta, and attempted to deliver it. Beginning at the edges I attempted to peel it off, but it wouldn't be peeled. The edges and the womb seemed all one, and I could not even effect a commencement anywhere. After keeping my hand in the womb for some minutes—in the mean time the contractions becoming stronger and stronger, and the oven of a room in which I was working, becoming at least to me warmer and warmer—I removed my hand and determined to wait for half an hour, in the mean time giving more ergot, of course. At the expiration of that time there was no more promise of expulsion of the placenta than there had been from the first, though the womb was firmly contracted. I then pierced the placenta in the middle, just where the cord was inserted, and passing my fingers through it, hoped to find that I could peel it off from the centre. I was doomed to disappointment again; it was as firmly attached at that point, and everywhere, as it was at the edges. In the mean time the womb was shutting down upon my hand in a most paralyzing manner, and the temperature of the room was getting warmer and warmer. The inquiries of patient and friends were now becoming pertinent and impatient. "Doctor, why don't you take away the afterbirth?" Why don't I indeed? that was the question I had asked myself many times in the past hour. But there was no time for words then. I made up my mind very rapidly to take away what I could, and to keep my own counsel. I felt of course as if I would like to have a consultation, but I thought that if I sent for another doctor that, by the time he scratched and scoured around the womb as much as I had done in further efforts to detach a placenta that was evidently almost one with the womb itself, the patient would

be even in a worse way than she was then. So I got away what I could, about one fourth, possibly more, of a very large after birth, told the nurse that it was all broken up, but to bury it as it was; put my patient to rights, and waited to see results. There was no hæmorrhage, not as much flow as I would have wished, and so that danger was soon passed. But what was to be the result of the retention of that amount of placenta in the womb in midsummer? The mercury away up every day in the nineties or hundreds, a disposition to fever in the community—two or three ladies having died of fever after childbirth in the immediate vicinity of my patient a short time before! The prospect was not pleasing, and for a week I slept on no bed of roses.

I commenced at once an antiseptic and antepyrctic treatment and regimen. Allowed no visitors, kept the room as cool as possible and well aired, ordered a pill containing quinine, creasote and opium to be given every four hours, and the vagina to be washed out daily with a solution of the bisulphate of soda, and watched by the hour for the evil to come. But it never did come. There never was pain, fever, offensive lochia or any unpleasant symptom developed at any time, not even a rigor when the week came, and in nine days my patient was out of bed and well. I watched carefully the discharges to see if any portion of the placenta would come away, but none ever appeared. What became of it? Absorbed? I do not know.

Very truly yours,

J. HERBERT CLAIBORNE, M.D.

COLD SPRINGS, MISS., Dec. 30, 1882.

MR. EDITOR :

At the battle of Cedar Run, on the 19th of October, 1864, Mr. A. T. Rabb received a wound immediately under the right eye, which destroyed the sight of that member, but did not otherwise seem to be of any injury. For a number of years Mr. Rabb has been the victim of neuralgia, so called for want of a better name, and has suffered at times the most excruciating pain. So great has been this suffering that I have seen him, apparently from the inmost recesses of his soul, wish that he might die. All this time, be it remembered, Mr. Rabb was confident that the ball had rebounded and was left on the battle field. On the 19th inst., during a paroxysm of intense misery and torture, and while he was making a great effort to clear his throat, the ball—a huge minnie—battered somewhat, and encased in decayed bone and flesh, seemed by its great weight to drop loose, and falling into his throat was coughed up, having been imbedded in his head and neck

for a period of eighteen years and two months. Will this cure his neuralgia? He has not suffered any since he got his bullet. I. A. CARTER.

BELTON, TEX., January 31, 1883.

DEAR DOCTOR :

You are respectfully requested to make some contribution to the Section on "Obstetrics and Diseases of Children," for the next meeting of the State Medical Association.

Any paper or communication you may be pleased to offer, may be forwarded to the Secretary of the Section, by or before the 1st of April, that it may be properly arranged for presentation. Respectfully.

H. C. GHENT, M.D., *Chairman*.

FRANK ALLEN, M.D., *Secretary*,

Lexington, Lee Co., Texas.

For all Texas Physicians and Volunteers, E.S.G.

A DEATH FROM CHLOROFORM.

SELMA, ALABAMA, Jan. 1883.

MY DEAR DOCTOR :

Our community was shocked on the first of January by the death from chloroform of the brilliant and talented young editor of our *City Daily Times*, Mr. H. W. Bill. Mr. Bill went to bed with a bottle of chloroform for neuralgia. He was found dead with the bottle uncorked, and the contents spilt in the bed. Our community has lost one of its most popular and promising young men, and a widowed mother and sisters their stay and support, from the careless use of this dangerous article.

Wishing you a happy New Year, and abundant success with your journal,

I remain truly yours,

C. J. CLARK.

PROCEEDINGS OF SOCIETIES.

[NOTE.—This vigorous and deserved support of the National Board of Health will be read with pleasure by all. Dr. Reeves and his colleagues are doing noble work.—E. S. G.]

STATE BOARD OF HEALTH OF WEST VIRGINIA,
Office of the Secretary, Wheeling, W. Va.,
Jan. 13th, 1883.

SIR : At a meeting of the State Board of Health of West Virginia, in the city of Wheeling, January 13th, 1883, the following Preamble and Resolutions were unanimously adopted. Your attention is respectfully invited to the sixth resolution, which begs that you will communicate these deliberations to both houses of Congress :

NATIONAL BOARD OF HEALTH.

WHEREAS, The State Board of Health of West Virginia recognizes the services of the National Board of Health as of very great importance to the prosperity and well being of the country—in this :

1st.—By protecting the sea ports from the introduction of contagious and infectious diseases under the Act of June 2d, 1879, by a regular system of inspection in foreign ports which are habitually and specially dangerous in this connection ; by the establishment of refuge stations in aid of local quarantines established by State and County Boards of Health, where suspected or infected vessels, which cannot be handled by local authorities, may be sent for observation and treatment until in proper condition for admission into their port of entry ; and

2d.—By establishing a system of inspection on the Mississippi river, which, in the absence of yellow fever from its shores, gives a sense of security to the people of the vast section of country liable to devastation by this disease, thereby preventing panics and shot gun quarantines, which the history of recent years has demonstrated in damage to commerce to be second only to an invasion of the disease ; and which has been found efficient in protecting uninvaded localities, while permitting uninterrupted commercial relations ; and

3d.—By its inspections at the principal ports of immigrant entry and also at various points on lines of through travel by rail, which have been found to lessen the frequency of small-pox developments and outbreaks, and promise, if fully and perfectly carried out, to free the country from this loathsome pest ; and

4th.—By its efforts to obtain prompt information on all subjects connected with public health, the origin and spread of epidemic and contagious diseases, and the collection and publication of mortality records from all countries, special reports, communications and valuable data bearing upon the public health ; and

5th.—By its investigation into obscure points connected with the relations existing between insani-
tary conditions of air, water, soil, etc., and the evil effects suggested as consequent thereon ; and

6th.—By its co-operation with and its demonstrated ability to co-ordinate the action of State Boards of Health, thereby producing effective action against imported disease and impure and dangerous indigenous conditions which could not otherwise be attained with equal promptitude and certainty ; therefore,

1. *Resolved*, That this Board earnestly represents to the National Legislature the importance of

speedily removing the limitation placed upon the work of the National Board of Health by the 10th section of the Act of June 2d, 1879, and such other restrictions as have been placed thereon by Congressional action.

2. *Resolved*, That the refuge system inaugurated by the National Board of Health should be enlarged to meet the necessities of all unguarded but important portions of the coast line.

3. *Resolved*, That the small-pox inspection service be carried out in full as originally planned by the National Board of Health for the prevention of importation by foreign and spread by inter-state travel and traffic.

4. *Resolved*, That the National Board of Health Bulletin and other publications of the Board be continued.

5. *Resolved*, That the seeming attempt at encroachment upon the great work assigned to the National Board—the establishment of quarantine, etc., by the Marine Hospital Service, is greatly to be regretted as tending to destroy the usefulness of both these important arms of service, while increasing, no doubt, the public expense for their support.

6. *Resolved*, That a copy of these resolutions be transmitted to the Senators and Representatives of the State of West Virginia, with the request that they be introduced into the two houses of Congress for consideration pending legislation on the public health.

Your obedient servant,

JAMES E. REEVES, M.D.,

Secretary State Board of Health.

COUNTY MEDICAL SOCIETY, N.Y. Special Meeting,
January 29th, 1883.

A special meeting of the Medical Society of the County of New York was held in the College of Physicians and Surgeons, for the purpose of securing an expression of opinion in regard to the new code of ethics adopted by the State Medical Society last year. Dr. David Webster, the President, occupied the chair, and about 300 members of the society were present. The special feature of the new code which was made the subject of discussion was the following rule governing consultations :

“Members of the Medical Society of the State of New York and of the medical societies in affiliation therewith, may meet in consultation, legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.”

After the reading of the call, Dr. D. B. St. John

Roosa offered the following resolution, which was greeted with a round of applause :

Resolved, That the Medical Society of the County of New York approves of the amendment to the by-laws of the Medical Society of the State of New York adopted at the annual meeting in February, 1882, and that we indorse the system of medical ethics therein substituted for the former one, especially because it leaves the matter of consultation to the discretion, the honesty, and the humanity of the individual practitioner. And, although we decline to instruct our delegates to the State society, we respectfully recommend to our representatives that they labor for the further simplification of the system of medical ethics until it shall not contain specific rules for the regulation of professional etiquette, but only authorize procedure against conduct plainly unworthy of a physician and a gentleman.

Dr. Henry G. Piffard offered a substitute declaring that the County Medical Society has full confidence in its delegates and declines to instruct them. Dr. Roosa disclaimed any intention of instructing the delegates, and withdrew the latter part of his resolution on condition that Dr. Piffard withdrew his substitute. This Dr. Piffard did, and Dr. Roosa then spoke to his resolution. He had offered the resolution, he said, because it was necessary for the county society to say just where it stands on the question of the code. The physicians of this city made up their minds long ago that they needed no code whatever, by which to regulate their professional conduct, and that they can attend to their own business without the advice of their brethren in Oshkosh. The time has gone by when such trivialities as are to be found in the old code can be reasonably taken notice of by the profession. The arguments against the new code centre simply on the question of consultation. That is the animus of the whole matter. "It is said," said the doctor, "that we are about to take the homœopathists into our arms, and that this action will be heresy. We are going to do nothing of the kind. The new code simply says that we may consult with homœopaths when asked to do so. It don't say that we must call in homœopaths to consult with us, and nobody imagines that we shall so far forget our duty to our patients as ever to do such a thing. [Laughter and applause.] An idea has prevailed in the past that for a regular physician to consent to consult with a homœopath was equivalent to his committing murder. The idea was absurd, and I rejoice that the new code gives us a little personal liberty on this question."

Dr. Roosa's remarks were greeted with loud applause, and when this had subsided, Dr. John P. Garrish secured the floor. The majority of the pro-

fession, he said, had always been subjected to a minority rule, and he hoped the time had now arrived when every man would think for himself. "Why did they pass this rule," asked Dr. Garrish, "without consulting us beforehand about it? Why have they passed this law, which is obnoxious to the entire profession? It is an outrage. Are we going to allow everybody to come into our profession and recognize them as practitioners? That is what this rule practically amounts to. I am happy to say that I never consulted with a homœopath, and I never shall. I have too much respect for them. [Laughter.] I should have very little respect for myself if I did consult with them. [Laughter and applause.] I do hope and trust that this resolution will be voted down."

Dr. Andrew H. Smith said he was as firmly opposed to dogmatism as any gentleman on the floor, but for fifty years the profession has endeavored to oppose dogmatism in precisely the manner in which the dogmatists wanted to be opposed. The result of the old code was that when the patient of a homœopathist desired to have, say, Dr. Austin Flint called in to consult in his case, the dogmatist could say to him, "Dr. Flint won't consult with me. He won't see you unless you dismiss me." In nine cases out of ten that silenced the patient, and he was deprived of the benefit of the experience of a regular practitioner because the code had no provision for the needs of humanity. "We don't propose," said Dr. Smith, "to take the dogmatists into partnership with us, but we do propose that when their patients ask for a legitimate opinion in regard to their cases they shall be privileged to receive it." Dr. Dwyer at this point offered the following substitute for the resolution of Dr. Roosa :

Resolved, That the Medical Society of the county of New York are of the opinion that the recent Code of Ethics adopted by the State Medical Society should be rescinded.

Dr. Austin Flint, Sr., believed, he said, in the old code, under which the profession had prospered and become respected in the past. That code required that no regular physician should hold a consultation with any one whose practice is governed by exclusive dogmas. "I think," said Dr. Flint, "that when a body of men organize in opposition to the medical profession, take a name of their own, and practice in accordance with exclusive dogmas, ignoring the accumulated experience of physicians, no regular physician can fraternize with them and maintain his self-respect. The old code was adopted thirty-five years ago by every organization in this country which has adopted any code at all. It contains

rules of which we, as a profession, should feel proud. The adoption of this substitute would, I believe, do away with the code altogether, and I do not believe that this will ever be done. Whatever this society may do, I do not believe that the code of ethics will ever be abrogated."

Dr. C. R. Agnew thought that the tendency of the new code, and especially the rule governing consultations, was to elevate the moral standing of the profession. "My position," said the speaker, "is simply this: I believe in meeting error with the truth, and not with persecution. [Applause.] From some of the things which have been said here to-night one might suppose that we were living in the first half of the seventeenth century. Error never has been and never can be destroyed by persecution. I advocate the new code because it is in keeping with the refined ethics of the time in which we live. Nothing could be safer than the new rule governing consultations. When the old code came into existence there were, perhaps, a score of homœopaths in this country; now there are fully 6000. What has persecution done to defeat error here? You can't re-enact the old proscriptive, trades-union code if you want to. It is a dead letter, like the Fugitive Slave law, and this society should recognize the fact."

Dr. Agnew's remarks were applauded loudly, and at their conclusion Dr. Fordyce Barker addressed the society. Dr. Barker was suffering from a severe cold, and his voice was so low that he could scarcely be heard beyond the first three rows of seats. He had come to the meeting, he said, at a great sacrifice to himself, because he felt that on this question of the code much of the future of the profession depended, both as regards its character and its standing with the public. The false issue had been raised in some quarters that this was a question of dollars and cents, and that the object of the physicians who favor the new code was to secure additional fees. This was a reckless, base, and arrogant assumption. Objection has been made that the new code says nothing about the personal behavior of physicians toward their patients. To this objection Dr. Barker answered that the man who requires to be directed how to behave is not fit to be a practitioner. [Applause.] The "exclusive dogma" of the old code has dignified a false doctrine to such an extent that it has grown into a new school which has many followers among the public. Exclusive dogmas are not confined to the homœopathic school. They are found among many who belong to the old school, and many of these "exclusive dogmas" are far more dangerous than those of the honest homœ-

opathists. "We are meeting with exclusive dogmas in the profession constantly," said Dr. Barker, "and these dogmas are generally a 'rejection of the accumulated experience of physicians,' to quote the old code. [Laughter and applause.] If we are called to consult with a homœopathist in order to save the life of his misguided patient, it is our duty to consult with him and undo the evil which he has done if we can [laughter,] and I am glad that we have a code at last that permits us to do our whole duty to humanity."

When Dr. Barker had concluded the question was loudly called for, and the yeas and nays were demanded on Dr. Dwyer's substitute. The roll-call showed 60 in favor of the substitute to 147 against it, and it was declared lost. The original motion of Dr. Roosa indorsing the new code was then put and carried by a vote of 135 to 43, amid the applause of the assembled physicians.

THE N.Y. ACADEMY OF MEDICINE. DR. BARKER'S ADDRESS, AND RECEIVING MR. F. S. HAYDEN.

Members of the New York Academy of Medicine assembled February 1st, in its hall, No. 12 West thirty-first Street, and listened to the inaugural address of the President, Dr. Fordyce Barker, and afterward met F. Seymour Hayden, the well-known English surgeon and artist, in the loving-cup. The attendance was large. Dr. Barker, who after much persuasion was induced to take the office of President for a third term, said that of the one hundred and eighteen original founders of the society thirty-six years ago only twenty-four remained, but their interest in the welfare of the Academy had never flagged. Speaking of the value of the Academy to young men, Dr. Barker said that in no age had there been so many young physicians with opportunities for study and of high intellectual ability as in New York City. One purpose of the Academy was to bring out the young men. Dr. Detmold, an old member of the Academy, spoke a few words concerning the history of the society, whose first meetings, he said, were held in a small room in Wooster Street.

Dr. Barker then presented Mr. F. Seymour Hayden, who spoke briefly of his reasons for recommending the study of art with the practice of surgery and medicine. Mr. Hayden said that while suffering for two years from a dissection wound he had studied art in Italy, and, returning to his legitimate profession, had become convinced of the value of an art education in connection with medical practice. His idea was that in studying art the eye and hand became educated, so that the volume and weight of the facies of disease were more quickly and more in-

telligently noted. In England, he said, many physicians took the same view, and a number of surgeons there were also distinguished artists. In that country the public did not allow a physician to be a man of two ideas. He believed that they should be æsthetic and intellectual students. He believed in a return to the old days when physicians were leaders of society, and that they should "prescribe for the public and not the public prescribe for them." It was decided that the President's remarks concerning the appreciation in which Dr. Willard Parker was held by the Academy should be made known to him by a committee. Afterward the members of the Academy adjourned to the rooms below the hall, where social reunion was held, and the famous "loving-cup" passed around.

REVIEWS.

A PRACTICAL TREATISE ON THE DISEASES OF THE UTERUS, OVARIES, AND FALLOPIAN TUBES. By A. COURTY, Professor of Clinical Surgery, Montpellier, France. Translated from the third edition by his pupil, AGNES M'LAREN, M.D., M.K.Q.C.P.I. With a preface by J. MATTHEWS DUNCAN, M.D., LL.D., F.R.S.E., Obstetric Physician to St. Bartholomew's Hospital, London. Philadelphia: P. Blakiston, Son & Co., 1883. Pp. viii-810. Price, cloth, \$6; sheep, \$7.

It is rare indeed that a work is so beautifully translated. The diction is indeed a model and all of the idioms are completely concealed. The book is of course well known to those who read the language in which it has so long appeared. It is not, however, as familiar as it deserves to be to English and American readers. The work does not do justice, however, to American gynæcologists. Battey's records are not accurately or fully given. Emmet is not mentioned in connection with the subject of lacerations of the cervix. Thomas does not receive the commendation to which he is entitled; and Sims is unjustly treated. It is a work, however, of great value and American physicians will be very glad to obtain a copy of it.

HOW WE OUGHT TO LIVE: a Practical Guide, written in plain, intelligible language, for the preservation of Health, and the attainment of Longevity; designed to enable all so to Live that they may reach Old Age in Health and Comfort. By JOSEPH F. EDWARDS, A.M., M.D., Author of "How a Person Threatened with

Bright's Disease Ought to Live;" "Dyspepsia and How to Avoid it;" "Constipation; Relieved Without the use of Drugs;" "Malaria;" "Vaccination," and assistant editor *Medical and Surgical Reporter*. 1882.

This little book is written in a plain and familiar style; adapted rather for the secular than the professional public. It is a fair *résumé* of what is generally accepted as correct, but it contains nothing new, and nothing to which it is necessary to direct special attention.

BOOKS AND PAMPHLETS RECEIVED.

Diseases of the Prostate. By Sir Henry Thompson. P. Blakiston Son & Co. 1883.

Early Aid in Injuries and Accidents. By Frederick Esmarch. H. C. Lea's Son & Co. 1883.

Bromide of Ethyle. By J. J. Chisolm, M.D. Baltimore.

Abdominal Section in the Treatment of Ulceration and Perforation of the Cæcum and the Appendix Vermiformis. By W. A. Byrd, M.D. Quincy, Illinois. Address in Surgery. By the same author.

Transactions of the Medical Society of Tennessee.

Transactions of the Medical Society of Arkansas.

Transactions of the Medical Society of Texas.

Transactions of the Medical Society of North Carolina.

Transactions of the Medical Society of South Carolina.

Transactions of the Medical Society of Mississippi.

Anniversary Address. By John Godfrey, M.D., U.S.N.

The Application of Insufflation. By D.H. Goodwillie, M.D. New York.

The Malignity of Syphilis. By L. Duncan Bulkley, M.D. New York.

Note on Essential Psychic Signs of General Functional Neurotrophia. By C. H. Hughes, M.D.

Psycho-Physiological Training of an Idiot. By C. H. S. Davis. Meriden, Conn.

Exploratory Puncture of a Vomica in the Lung. By F. Peyre Porcher, M.D. Charleston, S. C.

Abortive Treatment of Mammary Abscess. By G. H. Noble, M.D. Atlanta, Ga.

Application of Pressure in Diseases of the Uterus, Ovaries and Peri-Uterine Structures. By V. H. Taliaferro, M.D. Atlanta, Ga.

The Prescription of Proprietary Medicines. By C. A. Lindsley, M.D. New Haven, Conn.

Puerperal Eclampsia Treated with Veratrum Viride. By N. L. Guice, M.D. Fayette, Miss.

MISCELLANEOUS.

IMPORTANT CHANGE IN THE STRENGTH OF OPIUM AND ITS PREPARATIONS.—Dr. E. R. Squibb in his November Ephemeris calls the attention of all interested to the fact that all opium preparations made in strict accordance with the new Pharmacopœia (1880) will be about fifty per cent stronger than they were formerly. The Pharmacopœia of 1870 required its opium to yield at least ten per cent of morphia by the officinal process. The present Pharmacopœia says its powdered opium "should contain not less than twelve nor more than sixteen per cent of morphia" as determined by the officinal process. Now this process of assay does not give an account of all the morphia in opium by from one to two per cent so that really the new Pharmacopœia gives an opium which contains 13 to 17 per cent of morphia (the average being fifteen per cent) instead of ten per cent according to the old Pharmacopœia. If heretofore the full anodyne dose of the tincture and deodorized tincture has been 24 minims representing $\frac{1}{4}$ grain of sulphate of morphia, the corresponding dose of the new preparations will be 16 minims." Physicians will therefore bear in mind that the opium preparations of the new Pharmacopœia are about 50 per cent stronger than formerly and govern themselves accordingly.

FACE POWDERS.—It is necessary to raise a warning cry against a most mischievous statement which has recently been circulated, and has already done harm, to the effect that "arsenic in small doses is good for the complexion." It is not difficult to imagine the risks women will incur to preserve or improve their "good looks." No more ingenious device for recommending a drug can be hit upon than that which the authors of this most baneful prescription of "arsenic for the complexion" have adopted. Suffice it to recall the fact that for many years past chemists and sanitarians have been laboring to discover means of eliminating the arsenical salts from the coloring matter of wall papers, and certain dyes once largely used for certain articles of clothing. It is most unfortunate that this hopelessly antagonistic recommendation of arsenic to improve the complexion should have found its way into print. Those who employ the drug as advised—and there are many either already using it or contemplating the rash act—will do so at their peril. So far as they are able, however, it will be the duty of medical men to warn the public against this pernicious practice, which is only too likely to be carried on secretly. It is not without reason that we speak thus point-

edly, and urge practitioners to be on the *qui vive* in anomalous or obscure cases.—*Lancet*.

THE DIFFICULTIES OF CREMATIONISTS.—A few years ago the Babus of Calcutta, hearing about a new cremation apparatus invented in America, called a "public meeting," where the members expatiated on the virtues of the new machine, and subscribed for it on the spot. The order was sent, and in due time came the much-coveted apparatus. The Babus received it with due honors, and placed it in one of the principal burning ghauts. After all the prescribed *sanskars* they brought the dead body to the machine. But here, for the first time, they became conscious of a slight difficulty—they did not know how to use it! They consulted machinists and sanitary doctors, who pronounced the apparatus perfectly useless for the cremation of a Hindu body with the ceremonies enjoined by the Shastras. Great was the disappointment of the reformers. But they called another meeting, addressed each other in long-winded orations, consulted the authorities, but all to no effect, when, oh happy thought!—"Brothers," said one of the reformers, "the best plan would be to burn dead bodies near the machine when we cannot do so in the machine!" The solution was received with cheers. The machine may be still found adorning the ghaut, and round about it are dead bodies burned in the orthodox fashion. Thus are the gods of Babudom propitiated, and thus the spirit of sanitary reform vindicated!—*Pall Mall Gazette*.

At the January meeting of the Chicago Medical Society Dr. Purdy read a paper on Bright's disease. He called attention to the fact that Gull and Sutton had found certain marked changes in the arterial system tending to show that Bright's disease was a constitutional condition. Bright's disease presented certain subjective and objective symptoms. The first were headache, occipital, vertical, and frontal; deafness, amblyopia and spasmodic dyspnoea. The objective were pallor of the skin and mucous membranes, baldness, gray and dry hair, dry skin, permanently pulsating temporal arteries. The nephritic changes are, the sub-conjunctival œdema, the odor of the breath; the emaciation, the œdema of the extremities. The condition of the urine, its odor, frequency of passage, quantity in twenty-four hours, specific gravity, color, albumen, tube casts, the increased arterial tension and the coma and convulsions, are all important, and should be noted.

A MEDICAL WONDER. THE REMARKABLE CURE OF A ROUMANIAN WINE MERCHANT.—The medical fraternity of Chicago are interested in one of the rare cases

in which life has been sustained under circumstances that seem incredible. The subject of their attention bears the distinction of having had his throat cut from ear to ear, and having also been hanged and stabbed, yet living to tell the story of his miraculous escape. Simon Lodenski is the individual whose experience has been thus unique. A reporter for the *Times* saw him at the residence of Dr. E. F. Ingals on West Adams Street last night, and learned from his own lips the story of his adventures. Lodenski is a Roumanian by birth, and has been in this country only four or five weeks. He is twenty-eight years old, and of unusual intelligence. In February, 1877, he and a party of eleven other wine merchants were returning from Vaslin, a town some eighteen miles from their home, where they had sold their goods. In consequence, the party carried with them between \$12,000 and \$15,000. They were followed by a gang of roving robbers, Roumanian gypsies, and on the evening of the 15th of February were set upon by them. The gypsies were armed with the scythes used in the vineyards, and made a wholesale onslaught on the defenceless merchants, four of whom had their heads mowed off at the first attack. Others were hacked to pieces. Lodenski's throat was cut from ear to ear and his windpipe was completely severed. The large arteries were not, however, cut, and to this fact he owed his life. He became unconscious for awhile. When he returned to his senses his dead and bleeding companions were lying around him, while the robbers were quarrelling over their spoils. He tried to crawl off, and his captors gave him another taste of death by hanging him up to a tree. He again became unconscious, but recovered later when he felt the blood gushing from three or four stabs in the breast, which the murderous gypsies had inflicted after cutting him down. Lodenski heard the clock in the neighboring town strike midnight, but again became half-unconscious, and lay for forty-eight hours till he was found by some peasants. Another of the wine merchants was also found, who lived only long enough to be taken to the hospital.

Lodenski was sent to the hospital at Vienna, where his case received the attention of the most eminent physicians. It was then ascertained that he had survived the hanging, because his windpipe had been cut off, and there was nothing to choke. In his condition it was impossible for him to take any nourishment in the usual manner, and enemata were resorted to, and kept up for two years. A trachea tube was supplied, to let the air into his windpipe. The opening from the windpipe to the mouth was very nearly closed, and he could not breathe, which

made it impracticable for the physicians to close the opening below. The enlargement of the larynx necessary was begun by means of a small catheter, which at first could only be endured by the patient for a few seconds at a time. Gradually his powers of endurance increased, and the size of the laryngeal dilator was increased. But it took two years to effect any appreciable enlargement. The laryngeal dilator now used is about half an inch in diameter. Generally, about half an hour at a time is as long as he can endure it. The dilator is passed in through the mouth into the stricture, and is kept in its place by means of a forceps with a string attached. When an instrument with a diameter of three-fourths of an inch can be applied, it is expected that no further enlargement will be necessary. The opening in Lodenski's throat is protected by means of a hard rubber tube, which he wears constantly. The use of the tube is necessary to keep the glottis open and to allow him to breathe, which he has no difficulty in doing. He is also now able to eat all kinds of food without difficulty, and his general health is good. When the laryngeal dilators have done their work, which the physicians believe will be within the next eight or ten months, the opening of the throat will be closed either by transplanting skin or by drawing the edges together, and it is predicted that medical science will be completely successful in the task laid out for it.

He left Vienna in September last, and was taken to London by Dr. Morrell McKenzie, where he remained till he set sail for New York.—*Chicago Times*.

MEDICAL NEWS.

GUITEAU'S REMAINS.—The Rev. Dr. Hicks, the spiritual adviser of Guiteau, has executed a legal instrument transferring to Surgeon-General C. H. Crane, U.S.A., all his right and title to Guiteau's body. The paper recites the clause of the will by which Guiteau bequeathed his body to Dr. Hicks, and it bears evidence of acknowledgement before a Justice of the Peace. In reply to inquiries Surgeon-General Crane said he was unable at present to give any information with regard to the final disposition of the assassin's remains.

FEMALE PHYSICIANS.—The authorities in Russia are evidently not in favor of the medical education of women. The lecture courses at St. Petersburg have been closed by order of the emperor after an

existence of ten years. The Government has deprived the institution of its buildings and maintains that the institution had not sufficient means to carry it on properly. Subscriptions were promised, but every obstacle was thrown in the way of their collection. The experiment of female practitioners has evidently been a failure in that country at least.—*Lancet*.

ILLEGAL MEDICAL PRACTICE.—"Dr." Joseph C. Raymond, who was arrested on a charge of misdemeanor, in practising as a physician without a diploma and without being registered in the Health Department, was arraigned before Justice Walsh recently and fined \$50. The arrest was made at the instance of Health Commissioner J. H. Raymond.

THE AUTOPSY ON GAMBETTA.—The physicians in charge report "he succumbed to a perityphlitis, complicated by a pericolicitis, to which was added a slight peritonitis manifested during his last moments. Any surgical intervention would have been useless. It could have had no other effect than to abridge his life."

PAY FOR THE EXPERTS IN THE GUTEAU TRIAL.—The four medical experts summoned by the Government in the Guteau trial—Dr. Gray, of Utica; Drs. Macdonald and Allan McLane Hamilton, of New York; and Dr. Kempster, of Kenosha, Wisconsin—are to be paid each at the rate of \$25 per day. The total amount will reach \$13,000.

NEW YORK MEDICAL MISSION.—On Thursdays of each week in the Stanton Street Episcopal Church, and three days at No. 81 Roosevelt Street, Dr. George D. Dowkott conducts a brief gospel service to a small congregation, and then prescribes and gives such drugs as the cases call for free of charge. Dr. Dowkott is the active worker of the New York Medical Mission, a society organized little more than three and a half years ago, having for its object the medical qualification of young men intending to become missionaries among the foreign heathen, and the training they are to receive is in the home mission work. Among the prominent members of the society are Dr. Alfred C. Post, President; Drs. G. A. Sabine and William H. Thomson, Vice-Presidents; Mr. Benjamin C. Wetmore, Treasurer; Cornelius Vanderbilt, Dr. A. L. Loomis, Robert Hoe, Jr., Dr. L. Bolton Bangs, Dr. F. H. Markoe and others. During the eighteen months the work has been going on 4002 sick persons have been attended at home and at the Dispensary, an average of nearly three times each, and over 15,000 pre-

scriptions have been given away. The work is to be enlarged if the necessary money can be raised, and it is believed that no charity in New York is more deserving of help.

A DANGEROUS CHARLATAN.—The Illinois authorities have notified the profession of a man who pretends to be a physician, and who shows a diploma issued to H. A. Luders by the University of Göttingen in 1866. The diploma is genuine, but the notice sent states that the Illinois authorities have evidence that it is a case of impersonation, the real Dr. Luders having died in 1878.

STEAM-HEATING AND FOUL ODORS.—Some of the business men in the lower part of this city have complained of foul odors which arise from the steam-heating pipes. The Health authorities have found that in laying the pipes gas has been liberated from the saturated ground, and that the composition of tar and other materials with which the pipes have been covered also give out a sickening smell when heated.

THE Municipal Laboratory, in Paris, for the analysis of the solid and liquid food sold in Paris, is issuing a series of reports, from which it is seen that, in fact, nearly every article of consumption is more or less adulterated. Coffee and chocolate are rarely sold pure.

THE French Minister of Foreign Affairs has just appointed a French sanitary agent in Mecca, where the pilgrimages are a fruitful cause of outbreak of cholera. The Government has chosen for the post an Arab physician.

WE are requested to announce that the eighth session of the International Medical Congress will commence in Copenhagen on August 10th, 1884, closing on August 16th.

APPLICATION has been made to the present Legislature of Pennsylvania for a charter for a post-graduate medical school, to be located in Philadelphia. It is intended to model this institution upon the two in New York, which are reported to have achieved already considerable success.

MRS. ELIZABETH A. BEARD, wife of the late Dr. George M. Beard, died suddenly at 7 o'clock, February 1st, of pneumonia, at the Grand Hotel. Mrs. Beard was feeble from the shock occasioned by her husband's death. She attended his funeral, and on

the following day became ill. One child, a little girl, survives. A melancholy history.

FAITH AND FUNDS.—The "Faith Cure" Establishment of Buffalo has, the *Philadelphia Medical News* reports, been broken up by reason of lack of funds. The inference is unavoidable that the power of faith may be equal to such a trivial work as the cure of disease, but is not equal to the more arduous task of raising a sufficient supply of money to keep the institution in operation.

THE vacancy in the office of Physician in Ordinary to the Queen, vacant in consequence of the death of Sir Thomas Watson, has been filled by the appointment of Dr. Wilson Fox; and Dr. Owen Rees has been appointed Physician Extraordinary in succession to Dr. Fox.

A HOSPITAL for the children of gentlemen of limited means—a class believed to be increasing both in number and necessity—has been established in England. It is a recognition of the fact, now becoming better known, that sometimes those who are the last to apply for help need it most, and that those who by hard struggle contrive to maintain independence do so sometimes at the price of absolute want.

MISS M. C. THOMAS, daughter of Dr. J. C. Thomas, of Baltimore, Md., has recently passed the examination of Doctor of Philosophy in the University of Zurich and received the degree of Ph.D., "*summa cum laude*"—the highest honor ever given. The fact that the University of Zurich has bestowed upon a young American woman an honor very rarely given to men, shows at once its generosity and fairness.

THE TOLEDO MEDICAL AND SURGICAL JOURNAL has been reissued. The first number of the year has been received. It is well issued. Its editors are Jonathan Priest, M.D., and John Gardner, M.D. They have the best wishes of this journal for their success. They must drop the advertisement of a cure-all Galvanic Belt on page 2, or the profession will drop their journal.

A NEW Homœopathic Pharmacopœia, published by Boericke & Tafel, of Philadelphia, has been suppressed under the copyright laws, and the entire edition destroyed. About 1500 copies were printed, and the publishers will lose \$2500 on the venture. A large portion of the book, it is alleged, was copied from the United States and National Dispensatories.

EDITORIAL.

TO THE SUBSCRIBERS AND THE PRESS.—In recognition of the almost universal demand, by the Profession, for Weekly, in place of Monthly Medical Journals, and in deference to the wishes of a great number of old patrons and friends, GAILLARD'S MEDICAL JOURNAL will, hereafter, be issued as a large Weekly of twenty-eight double-column pages. The journal will contain very much more reading matter, but it will be sent at the same price.

The two journals, "GAILLARD'S MEDICAL JOURNAL," and "THE AMERICAN MEDICAL WEEKLY," will be incorporated and published as one, under the title of "GAILLARD'S MEDICAL JOURNAL." The journal under this last name being the older work, and before the Profession for nearly twenty years. GAILLARD'S MEDICAL JOURNAL will be sent to the subscribers to both journals.

HOW TO WAIT FOR OPPORTUNITY AND AN OPENING.—Every sensible person appreciates fully, in middle, if not in early life, that success is not an accident, as is supposed by many, but that it is the result of serious, earnest and protracted work. Of all men, physicians should especially realize this fact, for they are made daily to experience the conviction that inattention to work, and intermission of work must be attended by the inevitable result of pecuniary and professional disaster. It is desirable to particularly emphasize this truth (as stated in the first sentence of this article), for the statement is directly in conflict with the views entertained and expressed by the great majority of physicians. Nothing is so common among professional men, as the apathetic lamentation of the "want of opportunity," and the belief that success comes chiefly to those to whom the opportunity comes. This is a grand error; and must lead to disaster. It is true that all men, or very nearly all men, must wait for opportunity, but the difference in the record of men lies in this fact, that while those who ultimately fail, wait in idleness for opportunity, those attaining success use this period of professional inactivity for the severest mental labor. Sir Astley Cooper prepared himself for all of the great emergencies which he so successfully met, and for his splendid career, at a period when his practice was insufficient to pay his office rent. Had he spent this time in idleness and in lamentation for want of opportunity, he would never have been justly Baroneted as the great leader in British Surgery. Sir Thomas Watson, when he delivered those great lectures in King's College

Hospital, lectures prepared at the expense of such severe literary and physical labor, could with difficulty discharge the expenses daily devolving upon him. Those brilliant lectures were prepared while he was waiting for practice and for opportunity. Had he spent this critical period of his life in idleness, the world would never have been blessed with the results of his brilliant professional labors, and with the bright light of so faultless a professional example.

It is useless, however, to multiply instances in professional life. Nothing drawn from this field however significant could be more impressive than this testimony given by one, long an arduous and successful worker in the field of English literature.

In speaking of his own success in life, Charles Dickens says, "I find the source of my success to be in the patient and continuous energy which early began to be matured within me, and which I know to be the strong part of my character. . . . I never could have done what I have done, without the habits of punctuality, order, and diligence, without the determination to concentrate myself on one object at a time, no matter how quickly its successor should come upon its heels, which I then formed. Heaven knows that I write this in no spirit of self-laudation. The man who reviews his own life, as I do mine, had need to have been a good man indeed, if he would be spared the sharp consciousness of many talents neglected, and many opportunities wasted. I do not hold one natural gift, I dare say, that I have not abused, but this I can say, that whatever I have tried to do in life, I have tried with all my heart to do well; that whatever I have devoted myself to, I have devoted myself to completely; that in great aims and in small, I have always been thoroughly in earnest. I have never believed it possible that any natural or improved ability can claim immunity from the companionship of the steady, plain, hard-working qualities, and hope to gain its end. There is no such thing as real fulfilment on earth. Some happy talent and some fortunate opportunity may form *the two sides* of the ladder on which some men mount, but *the rounds* of that ladder must be made of stuff to stand wear and tear; and there is no substitute for thorough-going, ardent, and sincere earnestness. Never to put a hand to anything on which I did not throw my whole self, and never to affect depreciation of my work, whatever it was, I find, now, to have been my golden rules. One must win success, and not wait for it."

THE PHILADELPHIA MEDICAL NEWS' PILL COMMISSION certainly made a most stupendous blunder when, as the results of its labors, it declared the

quinine pills of McKesson & Robbins, Schieffelin & Co. and Wm. R. Warner & Co., to be under weight. The pills of these manufacturers have been since bought, without their knowledge, in the open market and carefully analyzed by chemists of acknowledged reputation and efficiency; and in no single instance have the pills yielded less quinine than was claimed for them on the labels. While no one believes that this commission had any other than the very best motives for the work undertaken, the fact still remains that their work was, if not libellous, certainly worthless to the public and to the profession.

MEETING OF COUNTY MEDICAL SOCIETY, N. Y.—The proceedings of the meeting of this society on the evening of January 29th, appear in another department of this journal. It is safe to say that the vote on that occasion will, out of this city, cause universal surprise, condemnation and regret. There was never in medical history a more stupendous blunder.

The remarks of Dr. Austin Flint Sr., were exceedingly temperate, able, and appropriate. How they failed to prevent the fearful blunder in the subsequent vote passes comprehension. This society will yet live to see the error of its way, and to thank him for his wise and judicious counsel.

According to the spirit of the meeting, and the drift of the debate, it is evident that the majority of those present would prefer an abrogation of all law. The clergyman must be controlled by law; so the lawyer and the merchant; the officers of the army and navy; indeed, every citizen; but, forsooth, the medical profession needs no law!! Its members are so immaculate, so correct, so just, and temperate, that they need no law. Every one knows "how to be a gentleman," and, if not, he ought not to be a physician!! That was the logic of the evening!! But, suppose he is a physician!

What is most remarkable in the whole history of this movement, is, that the great point at issue has never been presented. The true question is not how or when the regular physician may meet in consultation those whom he regards as "legally qualified physicians," (that is, the grand army of irregular physicians,) but how it is possible to consult with them? Consultation is impossible without agreement and harmony. If a homœopath believes to be true the doctrines that he trades upon: viz., that like cures like; that potentiality is in proportion to dilution; that medicines become stronger as they are weakened, by dilution, etc., it is impossible for him to harmonize with any one in consultation who holds diamet-

rically opposite opinions. Nor can the physician who meets the homœopath harmonize with him in consultation. This is a logical result, if the parties meeting are honest. If they are "frauds," and "hypocrites," they can agree in regard to anything. But no one in this argument assumes fraud or hypocrisy, or venality to be justly chargeable to either party. They are supposed to be honest men, holding opinions that are diametrically opposed to each other; absolutely, irreconcilably. How can such men harmonize, consult; come to an agreement? *The claim even of such a possibility carries with it a demonstrated absurdity. The consultation, the agreement, is impossible with honest men.*

CAN the cannibal and the vegetarian harmonize? the Christian and Mohammedan, the Atheist and the Evangelist, the Mormonite and the Polyandrite? No; all must say that unless there be a complete surrender of their creed this is impossible; and yet these do not differ as radically as does the honest regular physician differ from the honest disciple of Hahnemann. And yet by this new code these true disciples of antagonistic principles are not only to agree occasionally, but as often as they consult. And they are to accept payment for so doing.

As to the doctrine advocated of having the regular physicians become missionaries to convert the unbelieving, it may justly be said that if conversion be necessary, how can an honest agreement or true consultation occur?

Unless one or the other be converted is there to be no agreement? The proposition is a palpable sham; but the cloak covering it is too thin to hide the subjacent nakedness. The "spirit of domestic missions" seems to be transferred from the clergy to shepherds wholly different in their fundamental principles. The new missionaries are not to offer anything "without money and without price:" these go into their noble field to convert sinners at "so much a head."

No, this pretext of the missionary spirit when unmasked is either nonsense, or hypocrisy, or both.

An honest, "regular physician," and an honest "irregular physician," if they believe what they say that they believe, believe in doctrines and practice so diametrically opposite, that consultation (that is harmony and agreement) is impossible. No one can deny this. It is the truth, palpable and unadorned.

As to ethical laws for consultation, where a consultation or agreement is impossible, the statement of the attempt is a statement of the absurdity.

At that historical meeting at which every member had the right to vote, one of the members, and a

distinguished member, too ill to vote in person, asked to be allowed to vote by letter; he desired by his vote to place himself on record; but this privilege was denied him. His vote was against that of the majority. Such a course needs in the minds of just men no condemnation; it was inexcusable. Dr. Lewis A. Sayre did not ask for generosity, he asked only for justice. But this was refused. Here is his letter, and it will be read by all with profit and pleasure.

285 FIFTH AVENUE, Jan. 29, 1883, 7 P.M.

D. WEBSTER, M.D., PRESIDENT OF THE NEW YORK COUNTY MEDICAL SOCIETY.

DEAR DOCTOR: I regret exceedingly that it will be impossible for me to be present at this evening's discussion, as I was anxious to say a few words to my misguided friends, which I hoped would have the effect of inducing them to correct their error, and thus save the society from disgrace and loss of association with all honorable members of the profession, both at home and abroad.

My physician, Dr. Lincoln has positively prohibited my leaving the bed, and I must therefore ask as a favor to have my name recorded as *opposed* to the new code. The State Medical Society voluntarily adopted the code of ethics, of the American Medical Association, and was therefore in honor bound by its laws. If they were objectionable there was a legal and honorable method of correcting them, and it should have instructed its delegates accordingly; but to violate all the obligations which had been voluntarily assumed is a breach of honor unparalled in the history of medical science, and I therefore most earnestly hope that it will immediately correct its error.

This subject is of such vast importance that each individual member of the profession should have the privilege of placing himself on the record regarding it, and absentees from necessity (like myself) should have the same privilege.

Very respectfully,

LEWIS A. SAYRE.

THE CHICAGO REVIEW says: "It is a melancholy fact that the AMERICAN MEDICAL WEEKLY must fill its columns with a humorous account, a whole page long, of the consumption of a wagon load of patent medicines by a tribe of Indians. This was in place in the New York Times, whence the article was taken, but it is a question whether it belongs in a scientific periodical, such for example as the WEEKLY." Very true brother! very true! and the WEEKLY's editor feels duly crushed. But then the

editor of the *Chicago Review* should remember the old adage, "that those who live in glass houses should not throw stones." The AMERICAN MEDICAL WEEKLY may publish humorous satire about patent medicines, but it never recommends them; never has, and never will. Now if the editor of the *Chicago Review* will examine his number for December 1882, (p. 552), he will find in its reading matter the following advice: "Physicians should prescribe Uncle Tom's vegetable sugar coated Liver Pill." Ah! "what a fall was there, my countrymen!!"

THE WOULD BE BITERS BITTEN.—The pride of Minneapolis druggists seems to have been much hurt by a young man who sold six of them a hundred dollars' worth of his catarrh remedy, a mixture which proved to be composed of damaged corn-meal and common salt. In manifesting their grief in the *Pharmacist and Chemist* the druggists describe the young man as wearing "a dark and heavy moustache," adding, with an instinct truly professional, that "his conversation flows gently as castor oil."

COWARDICE AND WEAKNESS OF THE ILLINOIS STATE BOARD OF HEALTH.—After all the loud trumpetings of the State Board of Health of Illinois in the interest of higher medical education, Dr. Rauch and his Board of Health, have made an absolute and unconditional surrender to *Columbus Medical College*!—"an Institution owned by Dr. Hamilton"—"run by Dr. Hamilton"—and one that has been denounced by the entire medical press as unworthy of respect! Verily, such is the fact.

In October, during the meeting of the American Public Health Association at Indianapolis, Ind., Dr. Rauch requested to be furnished with a formal communication reciting the action of the West Virginia State Board of Health concerning *Columbus Medical College*, with the understanding that it was for the purpose of giving this Board an opportunity of seconding such action. Meanwhile, Governor Cullom was elected to the United States Senate, and John Marshal Hamilton, the nephew of Dr. J. W. Hamilton, of *Columbus Medical College*, ascended to the office of Governorship of Illinois. The State Board of Health of Illinois has, by default, actually taken the position that the *Columbus Medical College* is an Institution in good and regular standing; that the graduation of Dent of West Virginia on a *three weeks'* lecture course was "simply an irregularity," and should not prevent the recognition of other diplomas from that school.

And thus the assumptions and promises in regard

to a higher medical education on the part of the Illinois State Board of Health prove to be mere gasconade and a farce.

Was it the power and influence of *Governor Hamilton* (Dr. J. W. Hamilton's nephew) that so changed the views of the State Board of Health of Illinois? In the printed proceedings of the meeting of this Illinois Board, January 11th and 12th, it is stated that Dr. Reeves reported etc., that his Board had refused to recognize a diploma from the *Baltimore Medical College*, but not one word appears of the official paper that was sent to the Illinois State Board of Health concerning *Columbus Medical College*. How shameful the omission! The State Board of Health of West Virginia may thank God that it is not dependent upon the Illinois Board for moral support. The West Virginia Board is composed of *physicians belonging to the true school in medicine*—it is not a mongrel organization which, on the first trial, shows little more than bad faith and duplicity.

It is the Illinois State Board of Health which announced, in its last annual report, that it would no longer recognize the graduates of any medical college which did not require a three years' course and a preliminary examination. The medical colleges which were quaking over such a notice may well laugh to scorn such gasconade by a Board which regards the graduation of a student on a three weeks' second course as "a mere irregularity." The power of that Board is gone. The press writes over its portals the fatal word *Ichabod*. The glory of this house has departed.

DIED.—In Boligee, Greene Co., Ala., January 23d, 1883, Mrs. Cora A., wife of Dr. W. F. Thetford. A good daughter, wife and mother, and an exemplary and sincere Christian.

THE AMERICAN MEDICAL ASSOCIATION.—Very many have formed the opinion that because of the jokes appearing in this journal in regard to the American Medical Association, that the journal underrates or disparages that distinguished body. This is a great error. There is no journal which appreciates more thoroughly the great importance of this Association; none which has its welfare more at heart; and none which would do more to promote its success and usefulness. Such a feeling, however, does not place the Association beyond the reach of criticism. On the contrary, it has always been held that judicious criticism is necessary to the success of this body, and that by a careful indication of its errors or faults there is a sure path opened for its success. It has a great future. *Esto perpetua.*

GAILLARD'S MEDICAL JOURNAL.

(THE AMERICAN MEDICAL WEEKLY.)

Scientia et Veritas Sino Timore.

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No. 7.

ORIGINAL ABSTRACTS.

RETREATING FOREHEADS AND INTELLECT.—The *Athenæum* very pertinently says concerning this that: "It is usually supposed that men of great intellectual powers have large and massive heads; but this theory, which Dr. Gilbert, physician to Queen Elizabeth, was the first to suggest, is not borne out by facts. An examination of busts, pictures, medallions, intaglios, etc., of the world's famous celebrities almost tends the other way. In the earlier paintings, it is true, men are distinguished by their large heads, but this is attributable to the painters, who agreed with the general opinion and wished to flatter their sitters. A receding forehead is mostly condemned. Nevertheless this feature is found in Alexander the Great, and, to a lesser degree in Julius Cæsar. The head of Frederick the Great receded dreadfully. Other great men have had positively small heads. Lord Byron's was "remarkably small," as were those of Lord Bacon and Cosmo di Medici. Men of genius of ancient times have only what may be called an ordinary or every-day forehead, and Herodotus, Alcibiades, Plato, Aristotle, and Epicurus, among many others, are mentioned as instances. Some are even low-browed, as Burton, the author of "The Anatomy of Melancholy;" Sir Thomas Browne, and Albert Dürer. The average forehead of the Greek sculptures in the frieze from the Parthenon is, we are told, "lower, if anything, than what is seen in modern foreheads." The gods themselves are represented with "ordinary, if not low, brows." Thus it appears that the popular notion on the matter is erroneous, and that there may be great men without big heads. Recent anatomical and physiological researches tend to at least lend strength to this view. Spitzka states (*Journal of Nervous and Mental Disease* p. 483, 1879), that the development of the intellect in its highest sense depends upon a

good projection system. This in turn depends upon a well developed cranial base.

Dr. Crochley Clapham (*Journal of Mental Science*, 1881-2), claims that there is no proof that the frontal lobes are the seat of intelligence, and gives the following reasons for rather crediting the occipital lobes with that function: (1) The occipital lobes occur only in the primates, being absent in the lowest of the monkeys. The frontal lobes are present in all the mammalia. (2) The occipital lobes are the latest developed, whereas convolutions first make their appearance in the human brain in the frontal lobes. (3) The occipital lobes are not occupied, as are the frontal lobes, by extensive motor areas; indeed, they have no motor cells whatever in their cortical substance. (4) The occipital lobes are small and ill-developed in idiots (a straight back to the head being a common feature of idiocy), while the frontal lobes are unusually large, relatively speaking. (5) Wasting of the occipital lobes is always accompanied by dementia; not so wasting of the frontal lobes. Campaigne (*Traité de la Manie Raisonante*) and others have shown that in primary monomania the occipital region not the frontal is deficient. It may therefore be safely assumed that popular and even medical notions on this subject are erroneous.

UTERINE CERVICAL AMPUTATION IN PREGNANCY.—Dr. Paul F. Mundé (*American Journal of Obstetrics*, October 1882) reports having removed by means of the actual cautery the epitheliomatous cervix of a multipara four months pregnant. The pregnancy was unknown at the time of the operation but was still progressing favorably at the eighth month, at which time the patient was last heard from. As Verneuil has shown, operations and accidents during pregnancy are by no means so generally followed by abortion as would be thought at first sight. Lawson Tait has ovariectomized six pregnancies, of whom five recovered without abortion and the sixth after aborting.

APHASIA FROM TYPHUS IN A CHILD.—Aphasia as a complication of typhus in children is much more rare than might be anticipated considering the fact that the cerebral pathological changes in typhus are somewhat well marked. So far there have been about nineteen cases reported, of which twelve were reported by Clarus (*Jahrbuch für Kinderheilkund*, 1874.) Special interest therefore attaches to the case reported by Dr. Alfred Thomsen (*Hospital Tidende*, December 13th, 1882.) An eight-and-three-quarter year old child, of neuropathic ancestry, was attacked by typhus fever on September 13th. He became unable on October 7th, to utter any articulate sounds. From this condition he was slowly recovering, although loss of memory of words was still exhibited at last account.

NEW UTERINE NERVE CENTRES.—Dr. Pembo, (*Progrès Médical*, January 6th, 1883,) believes that he has demonstrated that the uterine contractions are regulated by local centres situated in the anterior wall of the vagina, which are independent of the cerebro-spinal axis. Their existence in the anterior wall of the vagina was shown by the fact that if an electric current be passed through their seat, uterine contractions occur. Anatomically they are found to be small nervous ganglia. While clinical evidence is not wanting as to the existence of such centres, the independence of the cerebro-spinal axis claimed for them by Dr. Pembo is exceedingly doubtful since it has been shown by Dr. P. Bert if the dorsal cord of a rat be cut, the uterus contracts when the animal is asphyxiated, but if the lower portion of the cord be destroyed such contractions do not occur when the animal is asphyxiated.

CODEIA.—Dr. J. B. Garrison, Williamette, Arkansas, (*Western Medical Reporter*) concludes that: 1st. Codeia is more of a cardiac stimulant, than morphia, this being indicated by the force and volume of the pulse. 2d. It is a more powerful diffusible stimulant, elevating the temperature. Large doses produce intense itching with an erythematous redness of the skin. 3d. It does not check the secretions as much as morphia does and is therefore indicated when it is desirable to avoid locking up the liver, constipating the bowels or lessening expectoration. 4th. It is less dangerous than morphia; no lethal dose having been recorded, yet it should necessarily be exhibited with caution. Its comparative safety recommends its use in infantile therapeutics where morphia is so rarely tolerated. 5th. It is never followed by the intense nausea and unpleasant after-effects are rarely noticed, referable to its exhibition. 6th. There is less danger of the

induction of the *opium habit*, from repeated doses, than with morphia; a matter of serious consideration in making a choice between the two. These conclusions are altogether too positive and based upon a too limited knowledge of the literature of the subject.

SOLVENTS FOR IODOFORM.—Dr. Vulpius (*Archiv der Pharmacie*) has examined several solvents for iodoform, and finds that at ordinary temperature the solubility in 100 parts of the various menstrua is as follows: Petroleum ether, 1 part; benzine, 1.5 part; oil of turpentine, 4 parts; oil of lavender, 7 parts; oil of cloves, 8 parts; oil of fennel, 9 parts; oil of rosemary, 9 parts; oil of cassia, 14 parts; oil of cumin, 16 parts.

From this it appears that there is a relation between the dissolving power and the oxygen contained in the menstruum, such power being greatest in those oils which contain the most oxygen. A solution of iodoform in benzine or petroleum ether soon turns pink. A five per cent solution of iodoform in chloroform very quickly becomes dark red. These latter reactions indicate a chemical change between the solvent and the iodoform, and therefore diminish the medicinal value of the resulting solution of iodoform.

ARSENICAL PARALYSIS.—Dr. E. C. Seguin (*Journal of Nervous and Mental Disease*, October 1882) comes to the following conclusions respecting changes in the spinal cord produced by arsenic poisoning. First. Arsenical paralysis is the expression of a myelitis. Second. The symptoms resemble those produced by polio-myelitis. There is some atrophy of the paralyzed muscles. These exhibit the reaction of degeneration. The bladder is not palsied. In animals the ganglion cells of the anterior horns of the spinal cord are extensively affected. Third. As Popoffs autopsies (*St. Petersburg Medicinische Wochenschrift*) have shown there is usually more than polio-myelitis. This is further demonstrated by the fact that the living human subjects have pains in the muscles and nerves of the affected limb and actual anæsthesia. Fourth. It is therefore obvious that the affection is a diffused central myelitis with special involvement of the anterior gray matter. Fifth. It is not certainly demonstrated whether this myelitis is directly due to arsenic or arises from the irritation of the gastric intestinal or cutaneous nerve ending.

HYSTERICAL DEAFNESS.—Dr. H. Donkin (*Brain* January, 1883), concludes in regard to hysterical deafness: First. That the sensibility of the deeper

parts of the ear including the tympanum and middle ear disappears in hysterical anæsthesia with that of the other parts of the body and in the same degree. Second. The degree of deafness corresponds with that of the general anæsthesia, being complete when the latter is complete and *vice versâ*. Third. When the loss of hearing is incomplete the deafness for sounds conveyed by bone exceeds that for sounds conveyed by the air. Fourth. When the hysterical phenomena are transferred from one side to another the transfer of deafness accompanies it.

COUNTER-IRRITATION. — Dr. W. Allen Sturge (*Brain*, January, 1883), believes that : First. Whatever may be the influence of the nervous system over inflammation it is probably an over-active or irritative influence rather than the contrary. Second. This condition can be combated either by soothing or tiring out the nerve centre more rapidly than it can tire out itself. Third. In deep seated inflammations the centre cannot be directly acted on by stimuli hence the centres in connection with it are stimulated powerfully. Fourth. The centres most connected with an inflamed part control the tissues in its neighborhood, hence, the surface is stimulated to act on the organ beneath. Fifth. The centre controlling the inflamed part being thus goaded to further action, rapidly becomes exhausted and thus its irritative action ceases. Sixth. Even severe attacks fail to exhaust the excitability of the centres whereupon a counter-irritant increases the symptoms of irritation at first, although it soon diminishes them. Seventh. This influence of the nervous system is exerted through the vasomotor nerve. Dr. Ott (*Journal of Nervous and Mental Disease*, 1881) has expressed the opinion that the effects of counter-irritation were due to an influence on the central nervous system. His researches seem to have been entirely ignored by Dr. Sturge. In 1879, Dr E. C. Spitzka advanced similar opinions to explain the action of ergot in epilepsy, and apomorphia in vomiting. Dr. Sturge has ignored his researches, all of which appears to indicate that American researches however valuable are ignored in England, unless the American belongs to one of the Anglo-American cliques. Certain American researches largely quoted in France, Russia, Italy, Germany, and Austria are totally ignored in England.

LOCALIZATION OF SOUND.—Strumpell (*Neurologische Centralblatt*, Aug. 15th, 1882) reports a case which by its autopsy results seems to indicate that the localization of sound in space is a function of binauricular hearing.

SPINAL INJURIES AND THE PULSE.—Dr. Dujardin-Beaumetz reports (*Bulletin Générale de Thérapeutique*) a case which seems to show that the cardiac accelerator nerves are situated in the cervical portion of the spinal cord. By a fall on the head the patient sustained a contusion of the seventh, sixth, fifth, and fourth cervical vertebræ resulting in paresis of both arms, with pain along the course of the brachial plexus. For months after the injury the pulse varied markedly in frequency. Such variation being dependent upon posture, being forty-nine in a recumbent position, seventy-three when sitting, and one hundred standing.

EXCISION OF THE BRAIN.—As a contribution to the history of surgical operations the following from *Harper's Monthly* deserves mention. During an active engagement, a colonel, while bravely leading on his men, received a terrible blow on the head from the fragment of a shell, which completely exposed the brain. He was carried to the rear, and intrusted to the care of a surgeon, who at once resolved upon heroic treatment, and removed the brain bodily to repair the lacerations. While he was absorbed in this delicate operation, an aide-de-camp, unconscious of the severity of the officer's wound, rode up with a message that the colonel was wanted immediately at head-quarters. Mechanically, like the brainless pigeon of the physiologists, the gallant officer clambered into the saddle and rode away; and when the surgeon, having completed the rearrangement of the wounded organ, returned to place it in position, he was astonished to find the patient missing. At that moment his attention was attracted by the sound of galloping hoofs, and, looking round, his surprise was intensified on beholding the colonel riding to the front as gayly as if nothing had happened. "Hi, colonel! ho, colonel!" shouted the surgeon, pursuing him. "Stop. You're forgetting about your brains!" "Never mind about them," roared the hero, clapping spurs to his horse. "I don't want them, I've just been brevetted brigadier-general."

NUTRIENT ENEMATA.—Dr. C. L. Dana, (*Medical Record*, January 6th, 1883) finds :

First. That large injections, forced in, may cause a "retro-stalsis" which will carry the mass by the ileo-cæcal valve and even into the stomach.

Second. That ordinary nutrient injections, of two, three, or four ounces, pass back some distance, and may even reach the ileo-cæcal valve, but do not go farther.

Third. That the injection is carried back much better when the lower bowel is empty, or compara-

tively so. The few clinical observations which show that retro-stalsis can take place, show also that it takes place only under peculiar conditions, such as intestinal obstruction, the use of large, forced or very stimulating enemata, inverted posture, etc. The assertion of some patients that they taste the food given by enemata proves nothing. The absorption of enemata must therefore be a local process. It is an established clinical and physiological fact that nutrient enemata are absorbed. Bauer, for example, found that in dogs enemata of pure albumen and acidulated or saline meat were absorbed. In many cases about one half of the milk injected was absorbed within three to four hours. The colon is quite vascular and has a large supply of lymphatics. It is not an excreting organ, as stated by Dr. D. W. Bliss. In solipeds it has a powerful digestive function. The secreted juice has in man a feeble proteolytic power (Eichorst). Albuminous food, when injected, speedily undergoes chemical changes, and decomposition. In early stages of this process the changed albumen possibly passes into the surrounding vessels. Normal peptic digestion is a decomposition of many stages, during some of which the albuminous matter is absorbed. Albumens need not be made perfect peptones before they can diffuse into the blood-vessels and lymphatics. Fats are not absorbed to any great extent in the colon or rectum. It is always possible to add some form of animal sugar to enemata if necessary. So far as Dana's clinical experience goes, injections of milk and beef-tea, especially the former, are very nearly as effective as the peptonized preparations, especially those prepared with acid and pepsin. Dr. Bliss has published some cases which seem to show that mixtures of peptone and beef extracts are very effective. Such mixtures were recommended twelve years ago by Leube and M. Mackenzie, but they are costly. Doubtless solutions of the powdered meat or milk, as used by Debove and Dujardin-Beaumetz, would be useful. Dana has been unable to convince himself that peptone preparations are absorbed much more rapidly than carefully prepared and finely divided meat preparations.

IODOFORM POISONING.—This of late has become so relatively frequent that a means of determining its early existence is somewhat necessary. Steinauer (*Berliner Klinische Wochenschrift*, No. 42, 1882) claims that iodoform is absorbed slowly and its action is a cumulative one. This is rendered somewhat doubtful when the cases of König and others are analyzed. Steinauer believes that alternation of the dressings with phenol, thymol and salicyl

would prevent iodoform poisoning. The urine contains iodine after the administration of iodoform. The quantitative use of nitric acid and starch will determine the amount of iodine, and hence the imminence of the danger of poisoning.

SKIN GRAFTING.—Dr. Lamallérée (*Practitioner*), reports a case in which grafts were employed obtained from two different sources, a human being and a rabbit—those from the latter evincing a superior amount of vitality. In this case, the patient, a man thirty-seven years old, had suffered for six years, from a varicose ulcer of the left thigh, which resisted every form of treatment; the ulcer was fourteen centimetres long and eight deep. At the request of the patient, Dr. Lamallérée resorted to skin grafting, procuring, for the purpose, six grafts from the shaven abdomen of a rabbit and two from the forearm of a man. These having been placed in position, a Lister dressing was applied; after the lapse of eight days this was removed, and it was found that those furnished by the rabbit had become adherent and that new skin was forming rapidly in their immediate neighborhood: while, on the other hand, the two human pieces had not adhered. The dressing was continued eight days longer, and when removed, an islet of skin, ten centimetres long and seven wide, was seen to have established itself upon the centre of the ulcer. The dressing was again re-applied and maintained in place for eight days, at the completion of which it was taken off and the sore was found completely cicatrized. Two months later the healing was progressing favorably, the newly-formed skin showing no trace of its origin.

BACILLUS OF MALARIA.—Some years ago Drs. Crudeli and Klebs (*Archiv für Experimentel Pathologie und Pharmakologie*, 1879) claimed to have discovered a bacillus malarial. Dr. Laveran, of Val de Grace, France, with that curious French amnesia respecting other nations, just now announces that he has discovered a malarial bacillus named by him *Oscillaria Malariae*. M. Richard, who announced the discovery in the French Academy of Science, has found these microbes in all the fever patients of the Philippeville Hospital, in Algeria. These are located in the red blood-corpuscles, and completely destroy their contents. They can easily be rendered visible by treatment with acetic acid, but otherwise it is difficult to detect them in the corpuscles. They look like a necklace of black beads, with one or more projections, which penetrate the cell of the corpuscle, and oscillate or move like whips. Crudeli has as yet not placed his discovery on a perfectly sound basis, and it is very probable that Dr.

Laveran's discovery will not have much weight per se, or add any to the previous discovery of Crudeli which he has studiously ignored. Dr. Corre, *Archives de Médecine*, Navale, doubts the parasitic nature of the bodies which Laveran has regarded as the bacillus of malaria, and found in the blood of persons suffering from malaria. Corre shows that the forms observed by Laveran occur only in the acute malarial fever, in which as Hayem has pointed out, the red corpuscles are diminished in number, and decomposition-products appear in the blood. Corre is disposed to agree with Kelsch in considering Laveran's parasite to be merely pigmented corpuscles due to retrograde metamorphosis.

STRYCHNINE POISONING.—A criminal case tried some time ago in Germany having shown the inadequacy of scientific notions as to strychnine poisoning and detection of the poison in putrefying bodies, four savants, viz., Dr. Ranke, a physiologist, and M. M. Buchner, Gorup-Besanez, (*Chemical News*) and Wislienus, chemists—have lately made a fresh experimental study of the subject. Seventeen dogs were caused each to swallow a pill of 0.05 gramme nitrate of strychnine. The salient features of the poisoning were these: The time between taking the poison and the first tetanic attack varied widely, from 5 to 83 minutes; the average was 18. So did the time between taking the poison and death; the average was 35 minutes. On the other hand the interval between the first symptoms and death varied little. It never reached half an hour and the average was 11 minutes. Immediately after death there was complete muscular relaxation; rigidity set in 21 minutes after death at the earliest: 91 minutes at the latest; average 50 minutes. It began with the fore limbs. Its duration was the same as in other kinds of death; 16 hours after death it was rapidly diminishing. The tetanic spasms were few, two or three generally, and death always came suddenly during a spasm. The spasm lasted one minute on an average. Next, as to search for the poison in bodies exhumed after 100, 130, 200, and 330 days. Using Stas' method (improved), the authors were unable to find strychnine, even where 0.1 gramme had been given to each dog, a fatal dose even to man. But, even in the dogs longest buried, the presence of the poison might be assumed from the bitter taste of the product obtained. The physiological reaction is infinitely more delicate. The extracts were dissolved in cold water and injected under the skin of frogs, and in a few minutes these animals had violent tetanic spasms. The action was more pronounced the shorter the time the animal furnishing

the extract had been buried. The nature of the ground, permeable or otherwise, where the dogs were buried did not appear to influence the physiological reaction of the strychnine in the extract. The extracts from very much decomposed bodies produced in the frogs a torpor, with weak and sluggish movements of the heart, which might retard and partly mask the action of the strychnine. It has been suggested that ptomaines, found in dead bodies, might even in some cases exaggerate or stimulate the action of strychnine. While this action of putrid matter is most conspicuous, with extracts from the intestine, the action of strychnine is most pronounced with extracts from the liver and spleen. Professor Dragondorff has objected to the method the authors adopted to liberate the alkaloid—viz., agitation with ether, then with chloroform and amyl alcohol—and he has indicated a superior method, enabling him to detect 0.000001 gramme of strychnine, while the physiological researches require at least 0.000004 gramme. Thus he considers chemical analysis the more delicate. Other recent researches throw doubt upon the fact whether strychnine exercises such a preference for the liver and spleen. It is obvious that toxicology is not yet one of the exact sciences.

ORIGINAL ARTICLES.

ON THE USE OF THE BINOCULAR MICROSCOPE. By J. C. DALTON. M.D., Professor of Physiology in the College of Physicians and Surgeons New York.

The introduction of the binocular or double-barrelled microscope, has been attended with some advantages in the practice of microscopic examination, which are of considerable value for this department of anatomy. When first attempted, there were various difficulties in the way of its application, which interfered for a time with its success. But these difficulties have now, to a great extent, been obviated by improvements in construction; so that at present there can be no doubt that the binocular form is a real improvement, and that it enables the microscope to accomplish more than it could formerly do.

The idea of a binocular microscope is to present, by allowing the use of both eyes at once, a stereoscopic view of the object under examination, so that we may judge at once not only of its superficial outlines, but also of its thickness, projections and depressions, and the relations of its different parts.

This is impossible in an instrument composed of a single objective and a single eye-piece; for, as we look at one object, through such a microscope with only one eye, we lose, of course, the effect of solidity, which depends on the combined action of both organs of vision. It is true, that we can gain some information as to the solidity, etc., of an object, with the single-barrelled microscope; but this is only done by moving the objective up and down, by means of the adjusting screw, and so bringing successively into focus different planes of the thickness of the object. By recollecting the upward or downward direction in which the right or left turns of the screw carry the objective, and, by keeping in mind, in this way, the *perspective* of the various curved and oblique lines which present themselves, we may get an idea of their real connexion, by combining the different pictures thus successively presented to us. But this is a very delicate and often difficult calculation to make; it requires constant and close attention to the mechanism of the instrument; and even with the greatest care, especially when examining a new object, with the structure of which we are not already acquainted, it is not always easy to be sure which of two fibres or vessels lies above and which below the other, or whether they only cross each other, or actually unite and inosculate. If we could have an instrument which would show at a glance, the real arrangement and perspective of the parts, it would render this kind of examination much easier and more reliable. This is in reality accomplished by the binocular microscope.

As all binocular microscopes are constructed with two eye-pieces, and only a single objective, it is not at first easy to see how such an arrangement can give us stereoscopic vision. But when we recollect that the rays from every point in the object under examination, pass through every part of the objective glasses, and then continue upward, through the barrel of the instrument, in a slightly diverging direction, to be again brought to a focus by the eye-piece, it is evident that the rays passing up through the left hand half of the barrel, have come from every part of the object, but in a direction different from those passing through the right hand half; and that if the two sets could be separated, and received by different eye-pieces, they would give us a right and left oblique view of the object, presented to the right and left eyes, as in an ordinary stereoscope. At all events, such is the appearance actually produced, and there can be no doubt of the reality of the stereoscopic effect of the binocular instrument.

In the binocular microscope now made by Messrs.

I. & W. Grunow, which is mainly used in this country, the separation of the rays is effected by a single prism, placed in the barrel of the microscope, just above the objective, so that half the rays are turned off into an oblique cylinder, fastened to the side of the main vertical one. The prism is inserted into the lower part of the main cylinder, by a moveable slide, by which it can be withdrawn at will. When the prism is so withdrawn, all the rays pass unobstructed, through the vertical tube, and the microscope is converted into a monocular one. By this contrivance, the instrument may be used as a single or double-barrelled one at pleasure.

The instrument which I have been in the habit of using, and which was also made by Messrs. Grunow, differs from the foregoing, only in having two prisms instead of one, placed on each side the median line, and in having both barrels oblique, and equally inclined to the vertical line. Both halves of the luminous ray are thus treated alike, and the whole instrument is symmetrical, instead of being one-sided, and the eye-pieces are in a more convenient position. I do not know that it has any other advantage over the other form than this. It cannot, like the other, be converted into a monocular microscope, by withdrawing the prism.

The main practical difficulty in the application of the binocular microscope, has been in the necessary illumination. This is provided for, with comparative ease for the low powers, for which we usually have light enough, and to spare. But with the medium and higher powers, the light coming to the eye-pieces being diminished one half by the division of the ray into two pencils, it becomes a very serious inconvenience. The difficulty can only be obviated by using a compound refracting condenser made with the same care as an objective, and placed between the mirror and the object. With such a condenser, properly adjusted, and with the strong and clear flame of an argand burner, sufficient light may be obtained for the nearly perfect working of the instrument with an objective of one eighth of an inch focus. I have not succeeded in using it in a satisfactory manner for powers higher than this; but for all the lower powers its operation leaves nothing to be desired.

The principal requisite for success in using the instrument is the adjustment of the mirror and condenser, which must be so placed as to secure *complete illumination of both fields*. This can be ascertained by looking first into one eye-piece and then into the other. If both fields are equally and completely illuminated, when both eyes are applied to the instrument together there will appear to be but

one field, with distinct outlines and a uniform light, and if an object be now introduced, it will be seen with a complete, and sometimes surprising stereoscopic effect. But if the illumination of either, or both fields, when viewed separately, be imperfect, on applying both eyes to the instrument there will appear to be two fields, nearly, but not quite overlapping each other, and objects viewed at that time will have confused outlines and an unsatisfactory appearance. The adjustment of the mirror and condenser must then be altered until the two fields melt completely into each other, and the outlines of objects become distinct and prominent.

One great advantage of the double-barrelled microscope is, that it practically increases the depth of the focus. With the monocular instrument, everything in the object which is within or beyond the plane of the focus is quite lost to view, or only produces confusion in the field. But with the binocular instrument we can still perceive the relative position of even those parts which are out of focus, and the effect is nearly the same as if the focus itself were increased in depth. This is a very decided advantage in examining transparent and compound tissues, like those of the entozoa, when these tissues have not been torn up and when it is required to ascertain, not only the form of the separate parts, but their position in regard to each other.

A curious, and hitherto unexplained effect of the binocular arrangement is, that it increases the apparent size of the field, and of all objects contained in it. That is, the single field seen by the combined vision of both eyes looks considerably larger than either of the fields viewed separately. I do not know to what cause this effect is to be attributed, but it probably has nothing to do with the special construction of the microscope, as all luminous objects usually appear larger when viewed with both eyes, than when looked at with either eye separately. The effect is more apparent in the microscope, owing to the exclusion of all other objects from the field of illumination.

Thus far the binocular microscope is, of course, most successful with the lower powers. For injected preparations, under a focus of one inch or an inch and a half, its superiority over the single-barrelled instrument is something remarkable; and for the higher powers, with transparent tissues, it will very frequently give us information that could be obtained in any other way only with great difficulty and uncertainty; when used with success, the advantage which it gives is ample compensation for the additional care and trouble required in working the instrument.

QUININE AS AN OXYTOXIC. By M. SCHUPPERT M.D.
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After I had written and forwarded the article on quinine, a paper came to hand (*No. 37 of the Berlin Klia Wochen-Schriften*) in which Dr. Hausmann of Berlin, Prussia, contributed some statistical collections under the heading "*about the labor producing effects of quinine in pregnant women.*" In order to condense the article as much as possible I have omitted the citations of the different papers from which the excerpts were taken; they are, however, at any one's disposition if required.

"At the beginning of the last decennium observations were published at short intervals, ascribing to quinia an oxytoxic property and therefore recommended caution in its use in pregnancy.

In 1845 *Petitzeau* already observed that abortion followed the use of quinine.

Cochran, in 1861 administered quinine in deficient labor pains in doses of 0.5 with success, as also *Casada* who declared it to be the most trustworthy remedy to produce labor pain.

Warren knew of no other remedy which would produce abortion as certain as quinine in large doses.

Rich saw profuse hæmorrhages arrested after the use of quinine; while,

Delieux de Savignac observed in menstruating women an increase of the flow after its use, and recommended it therefore in amenorrhœa. *Tagre* made similar observations. *Monteverdi* in the "*Nuova Liguria Medica*" demonstrated from experiments that half an hour after the administration of quinine uterine contractions set in, which increased in duration and energy, lasting about two hours and simulated normal labor pains. He therefore considered it a useful remedy for the expulsion of the fœtus and placenta; recommending it also in amenorrhœa and metrorrhagia but cautioning its administration during pregnancy.

Duboué confirmed the statements about quinine as an oxytoxic in 13 doses, but saw no contra indications in its use in pregnancy if not administered in high doses.

F. Henle observed uterine contractions to occur in delicate pregnant women during the first few months of pregnancy after the administration of six grain doses of quinine which he feared might have produced abortion. He also observed labor pains to set in during confinement and associated with hæmorrhages."

With the frequent use of quinine in malarial districts, a great many physicians have had the opportunity to observe the effects of quinia upon the organic muscular fibre of the impregnated uterus, but

the greater number remained silent, while only a few whenever they met with an abortion did not attribute that accident to the quinine but to the influence of the malarial poison and therefore considered quinine the more so indicated, or, if labor pains had already set in, to increase them by its use. On the other hand the positive assertions of the authors previously mentioned, according to whom quinine could produce abortion were more or less supported by the following physicians "*Pollak ; Iosh ; Rancillia ; Gray ; Garden ; Packard ; Blackwood ; Chirone ; Sacchi ; Wathen ; Paterson ; Roberts ; Benson* and others." *Haussmann* from his own experience arrives at the conclusion that quinine frequently causes uterine contractions, real labor pains and advises that in nervous, anæmic, and much reduced pregnant women, the drug must be used with the greatest care and large doses to be avoided for fear of producing abortion at least during the first months of pregnancy.

Somebody once observed and very properly that in all disputed questions there were two kind of persons, the one numerous and honest whom we might convince of the truth and reason, the other fortunately small in number, stubborn and factious who were deeply mortified if a pet idea of theirs received a reproof, threatening to annihilate it. In acting conscientiously we ought not to be disturbed by the injustice with which we are often repaid, nor be surprised by attacks frequently frivolous and indiscreet. When I lately made those statements in *American Medical Weekly*, calling repeatedly attention to the often untoward action of quinine in pregnant women, I was very careful in selecting only such cases where the interpretation of ascribing the cause of abortion to other elements than the action of the quinine would be inadmissible. It was not a hypothetical *raisonnée*, but facts that I had stated and which could not be controverted by flimsy arguments. If even in a tertiary intermittent fever case, contractions of the uterus are observed in the interval of the febrile paroxysms after each of the administered quinine doses, and one still attempts to explain such contractions by the action of the malarial poison, such an argumentation cannot be considered but absurd and ridiculous. If a pregnant woman receives a traumatic injury, an apparent slight wound, while none of the characteristic symptoms of sepsis having as yet appeared, and a short time after the administration of a large dose of quinine should fall into labor pains and abort, such is surely due to no other factor than the quinine and only a person bare of all inductive logical reasoning could think otherwise.

I have always acted on the principle that by sup-

pressing one disorder we ought to avert producing another even more serious one. Bringing on a hasty reaction, beneficial as it may be in itself, may, under circumstances become a disorder too, and, moreover, of a most serious nature and such is the case with quinine when administered to pregnant women. I have simply called the attention of the profession to well observed, incontrovertible facts, intended as a warning to my professional confrères not to be over confident in the use of large doses of quinine in pregnant women. I am not forcing my opinion upon any one. Every medical man is at full liberty to act according to his own discretion and responsibilities, as he understands them, and may his conscience never be stricken, should his shadow ever fall upon the corpse of a foetal life wantonly sacrificed by the misinterpreted action of therapeutical agencies.

In a recent of the *Weekly* Dr. R. L. Payne Jr. has seen fit to inveigh against my statements published in No. 13 of the *Weekly* in which quinine was stated under circumstances to act as an oxytocic or ecboic remedy. From the foregoing and former publications I consider it totally superfluous to add any further comments. But in undertaking to criticise the views or opinions of others, the doctor ought to have taken better care in not exposing himself to criticisms in regard to his own statements. That contraction of the uterus depends *mainly* upon a reflex action of the sympathetic nerves is a known and generally adopted dogma, but the diction of the doctor that "the body of the uterus is *entirely* supplied with nerves of the great sympathetic system," rests upon a pure fiction unsupported by evidence. True, the will is without an influence upon the action of the muscles of the uterus, and the uterine fibre does not shorten momentarily, but successively, yet aside of the anatomical fact that branches of the anterior roots of the spinal marrow are distributed in the uterine parenchyma ; that there further exists an intimate connection of the sympathetic nerve with the cerebro-spinal fibres and that finally the influence of certain psychical affections, ideas, and mental emotions as extremes of joy, grief and fright, cause contraction of the uterine muscles, can but exclusively be interpreted by a participation, or a controlling power of the cerebro-spinal nervous system. Not less so is the doctor's effort to elucidate the determining main cause of labor by a hypothetical laxity of connection between placenta and uterus and the action of the foetus and placenta as *foreign bodies* not corroborated by a single physiological experiment or law. It is in the utter disregard of the physiological laws upon which are based the

susceptibility of motion of the organic muscular fibre, that we will find many heterogeneous and absurd hypotheses of explaining the phenomena present in the incipient cause of labor and the expulsion of the foetus. Though a foreign body in the *unimpregnated* uterus by the irritation that body causes upon the sensitive nerve fibres of the uterine surface, may produce a reflex contraction of that organ, yet to apply that same action of a foreign body to the foetal parts of the *impregnated* uterus is entirely inadmissible. With the increased extension of the uterus during the last weeks of pregnancy there exists also an increase of the elastic power of the muscular fibre according to a physiological law in which the elasticity of the muscles presenting little resistance at the beginning, expansion increases proportional to its increased extension. The exertion of the muscular fibre to contract is associated with a subsequent closer contact between uterus and ovum. That relative action by which the foetal parts act dilating the uterine walls, producing thereby an irritation of the sensitive nerves dispersed in the uterine parenchyma, have to be considered as the next disposing momentum of the incipient labor. In consideration further that at every menstruating period there exists an increased activity of the whole nervous system and that the periodicity of the ovulation even progressed during pregnancy, it cannot be wondered at if we observe labor to begin with the corresponding period of menstruation of the tenth month (since conception) when the hyperæmic condition of the uterine walls also exercise a powerful irritation upon the nerves. Finally, to bring the physiological action of quinine into question here, the doctor will again be found to be mistaken. The anomalous phenomena of pregnant women in nutrition, the hyperæmic condition of the pelvic cellular tissues and of other pelvic organs, the hypersecretion of fatty substance which during gestation obtains its greatest development, as for instance, in the increase of the mammæ, further, the numberless idiosyncrasies, nervosities; the temporary cessation of tuberculous affections; the immunity against certain diseases, as, for instance, typhus, the slow healing of fractures, the softening of the dental pulp, etc., etc., which indicate probably an alteration in the composition of the blood, cannot at least be explained by anatomical means, and as long as these phenomena still remain a terra incognita, to admit and apply the normal physiological action of therapeutical agencies must be considered out of the question, therefore to reason from the general physiological action of quinine in pregnant women is utterly inadmissible. But enough and this will be the last word I shall speak

in regard to quinine acting under circumstances as an abortive remedy.

TRANSLATIONS.

FIBRO-MYOMA OF THE UTERUS, DOUBLE AND SYMMETRICAL, SESSILE ON THE LEFT SIDE, PEDICULATED ON THE RIGHT, HAVING PROVOKED NO MENSTRUAL TROUBLE IN SPITE OF ITS SEAT AT THE LEVEL OF BOTH ANGLES OF THE UTERUS. By M. H. DANCHEZ. Translated from the *Progrès Médical* by H. McS. GAMBLE, M.D. Moorefield, W. VA.

L. G. born at Cambria, aged forty years, by profession a tapestry-maker, entered February 3d, 1882, Ward Henry IV., bed 66, at the Hospital Saint Louis. Thin, miserable and bearing the traces of profound wretchedness, this woman, who is not married, has lived in Paris for a long time. After having been subjected to rude privations, abandoned by her relatives, she has found herself reduced to inhabiting a dirty garret where she was soon devoured by vermin, she bears in fact indubitable traces of scratching on the back, on the thighs, about the shoulders and upon the region of the neck. Between the toes, we find also pustules of ecthyma which are excoriated and ulcerated.

The patient appears moreover quite nervous: her pupils are dilated and irregular; alcoholic antecedents very pronounced; *she is very regular*; nevertheless she has never had any children. The menses are regular, somewhat scanty, lasting about forty-eight hours.

February 6th. The patient goes to bed and complains of a point on one side, but only to a slight degree. In the evening we find her drowsy without fever.

February 7th. At the morning visit we find the patient drowsy, breathing regularly. During the night, her neighbors notice her struggle for a moment. We find her dead in bed on the morning of February the 8th.

Autopsy, February 9th, 1882. The left pleura is filled with an enormous quantity of citron colored serosity which has pushed the heart to the right, the diaphragm downward, and the lung upward. This pleurisy arose insidiously and quietly and extended during the evening and night to such a degree that we had no time to perform thoracentesis. The heart and the kidneys are fatty.

The uterus has become so irregular and so deformed that we at first have some difficulty in recognizing it: its left superior angle has the form of a large

pigeon's egg, quite regular, however, and smooth upon the surface, of a firm and dense consistence. The peritoneum which covers it is a little thinned; at the summit of this tumor, we find the Fallopian tube which traverses the tumor in its whole thickness. On section, it is easy to see that this tumor is a sub-peritoneal fibro-myoma in process of evolution. Its tissue is whitish, formed of concentric, stratified layers like the veins of a billiard ball of agate.

On the opposite side, we find likewise the uterus diseased: At the level of the right angle, immediately within the insertion of the tube, we find a whitish, pediculated tumor, having the form and volume of an Indian chestnut, embossed, covered with a rich venous net-work. The pedicle of this tumor, about five to six centimetres long, permits the tumor to float freely in the abdominal cavity. It is traversed in its whole length by a rich net-work of capillaries which evidently enter into the fibro-myoma, as it is easy to see by the section we have made of it. This section shows, in effect: 1st. That the sub-peritoneal fibro-myoma under consideration is composed of two principal nuclei adjacent to each other, separated by a few vessels, surmounted themselves by a little serous cyst shrivelled by the prolonged contest of alcohol. 2d. That some veins have penetrated into these nuclei isolated from the rest of the organ.

The uterus itself is stuffed with other fibrous nuclei which are found likewise in great number in the vicinity of the insertion of the right tube; its cavity, thrust to the right of its normal axis, diminished in size, has completely deviated and can only be found after feeling about by the help of the grooved sound introduced through the uterine neck.

The ovary is sound, mobile and covered with cicatrices, proof positive of successive ovulations.

Reflections. From this observation, we may conclude: 1st. That the presence of two uterine fibroids seated at the two angles of the uterus does not provoke the menstrual flow, although it is often impossible to find the opening of the tubes in the midst of the indurated tissues. 2d. That, contrary to the opinion of Clark, pediculated fibro-myomata of the uterus very often receive nutrient vessels.

FROM THE "UNION MÉDICALE" OF DEC. 26th. 1882.

Translated by H. McS. GAMBLE, M.D., Moorefield, W. Va.

SOCIÉTÉ DE CHIRURGIE SÉANCE, Dec. 20th, 1882.

M. Leon Le Fort read a report upon a note of Prof. Folet (de Lille) concerning a form of osseous suture in osteo-plastic amputation of the foot.

M. Folet is said to have performed twice within a year, during his service at the hospital Saint-Sauveur, the osteo-plastic amputation of the foot proposed by M. Leon Le Fort, and to have obtained two cures with local results absolutely wonderful.

M. Folet has modified in one case, the proceeding of M. Le Fort, in adding there to a means likewise proposed, but not yet put into execution by the latter, with whose osseous suture he is said to have been very well satisfied.

Once the amputation terminated, Mr. Folet perforates obliquely the calcaneum and the tibia by the aid of a rotatory drill and, through the canal thus created, he passes a large metallic wire, which, traversing the skin of the heel, then the calcaneum a little obliquely from below upward and from behind forward, then the anterior part of the tibial plateau, finally comes out through the skin of the anterior aspect of the leg, three centimetres above the wound. The metallic thread is terminated on one side by a leaden tap of the size of a sou, to the centre of which it is fixed and which is applied to the skin of the heel. Upon the other extremity of the wire, which emerges from the tibia through the skin, a second tap of lead is passed which is approximated to the skin of the leg, then a tube of Galli, which is crushed after the parts are drawn together. The crushing of the tube maintains the osseous surfaces in contact, in subjecting the soft parts to the precise degree of compression which the operator desires. It is the button suture of Bozeman, employed as a means of approximation and welding two osseous surfaces.

Is this suture necessary? M. Le Fort does not believe so, for he has always been able to dispense with it in the numerous operations which he has already performed. Is it useful? M. Le Fort is ready to admit it, for many precautions are necessary in the first few days in order to secure the permanence of contact, and the presence of an osseous suture is a powerful guarantee against all motion.

The whole question is to determine whether the suture has no inconveniences which annihilate or exceed its advantages. These inconveniences are the irritation and sometimes, (often even), the partial necrosis which may result from all osseous sutures. It might be, moreover, the existence of a cicatrix, however minute, on the heel which ought to remain absolutely intact, as the base of support.

The result obtained by M. Folet, as well as those of the German surgeons, would tend greatly to diminish the fear of these inconveniences. The German surgeons no longer employ at present the suture, but steel nails to assure the coaptation and fixation of the osseous surfaces, the union of which it is de-

sirable to secure, in resections and even in compound fractures. The steel nail is likewise employed in osteo-plastic amputation of the foot. M. Chaput, interne of M. Le Fort, who has just spent three months in Germany, has seen, at Berlin, in the service of M. Hahn, four operations of osteo-plastic amputation of the foot, in which the nail had been employed. The results were excellent. The walking left nothing to be desired and on the skin of the heel not the least trace of the passage of the steel nail was seen.

This is how M. Hahn proceeds : after the section of the calcaneum and that of the bone of the leg, when it is only a question of fixing the calcaneum to the tibia, a little opening is made in the skin and on the inferior aspect of the calcaneum. At this point, a drill is introduced which, after having perforated the calcaneum, enters into the tibia parallel to its axis and as near as possible to this axis. The instrument is withdrawn and then the nail is driven into the calcaneum and into the tibia *by the blows of a hammer*. The Lister dressing is then applied. The nail is left in place about a month, and is then removed without difficulty.

M. Chaput has been a witness only of the results ; he has seen the patients cured, but M. Hahn has declared to him that he almost always obtained union by first intention and without abscess. We could not distinguish upon the skin of the heel, adds M. Chaput, any appreciable scar which might indicate the place where the nail had been introduced.

M. Le Fort placed before the eyes of his colleagues some specimens of the nails of steel employed by the surgeons of Berlin. They are enormous, very sharp and with quadrangular points, perfectly polished. One may well be astonished at seeing such voluminous metallic bodies well borne by the bones and soft parts. However, in spite of the facts observed by M. Chaput, M. Le Fort would hesitate to employ these nails ; at his first future operation, he will give the preference to the suture, such as M. Folet has made use of, and which has given this surgeon such perfect results.

In the discussion which followed the reading of this report, M. Chauvel said that the priority of the osseous suture belonged to Pasquier who employed it at Metz during the war of 1870-1871.

M. Le Fort replied that the suture employed by M. Folet is not the same as that of the surgeon Pasquier ; it is Bozeman's suture that M. Folet has used without knowing it.

M. Le Fort declared that he had obtained rapid cures in a large number of operations of osteo-plastic amputations of the foot ; but he has always been

struck with the difficulty there was of maintaining the calcaneum in a state of fixity necessary to the union of the two osseous surfaces. M. Vernieul, on his part, cites a case, exceptional, it is true, in which the contact and welding of the surfaces could not be obtained by the simple operation.

On the other hand, M. Folet has obtained the best results from the osseous suture. Finally, the practice of the German surgeons proves that in doing this carpenter or blacksmith surgery, that is to say, in driving enormous nails into the calcaneum and tibia with *blows of a hammer*, no accident is determined, and that the large steel nails do not leave even a cicatrix upon the skin of the heel. These are facts which militate in favor of the osseous suture, and M. Le Fort declares himself disposed to practice it, the case presenting, after the manner employed by M. Folet.

SELECTIONS.

BROMIDE OF ETHYL, THE MOST PERFECT ANÆSTHETIC FOR SHORT, PAINFUL SURGICAL OPERATIONS.

By JULIAN J. CHISOLM, M.D., Professor of Eye and Ear Diseases in the University of Maryland, Surgeon in Charge of the Presbyterian Eye and Ear Charity Hospital, etc. (Read before Balto. Academy of Medicine, Dec. 5, 1882.)

Three years since, when the bromide of ethyl was brought prominently forward as a substitute for chloroform by Dr. R. J. Levis and Dr. Laurence Turnbull, both of Philadelphia, I, with other surgeons, experimented with the new anæsthetic, with the intent of comparing its reputed advantages with the well-known agents sulphuric ether and chloroform. I discarded it after a very short trial on account of its apparent inefficiency, and because of the very evanescent nature of the sleep induced by it. I found great difficulty in putting my patients to sleep ; and when at last narcotized they would suddenly recover consciousness at most awkward periods in the midst of eye operations, to my serious annoyance. In two cases especially, in which I continued the inhalation from time to time as I would have done with chloroform, until upward of an ounce of the bromide of ethyl was used, nausea and vomiting followed, which, in its severity and duration, I have rarely seen exceeded in the most sensitive of my chloroform patients. For twenty-four hours the sickness of stomach continued. The hospital ward in which the patients were lying had its atmosphere redolent with the garlicky odor of phosphorus, and

the breath of these patients was offensive from the same smell on the day after the inhalation. For some months after this very unsatisfactory brief experience, my bromide of ethyl bottle remained corked. About this time great publicity was given to a death from ethyl administration, under the care of Dr. Marion Sims, of New York, in which several ounces had been used, followed soon afterward by a death under the use of ethyl in the practice of Dr. Levis, of Philadelphia. These fatal cases put a very sudden stop to the use of bromide of ethyl in the United States.

Confiding in the statements of Drs. Levis and Turnbull, I still believed that the bromide of ethyl possessed attributes which I had not succeeded in developing, and I therefore again commenced experimenting with this new remedy. By degrees, as I became better acquainted with it, it secured my confidence. For the past year I have used it on an average at least once every day, often administering it four, five or six times, during the day's work in private practice and at the Eye Hospital. Familiarity with its peculiarities and effects, and a better acquaintance with the proper method of administering it, has taught me to value its advantages more and more highly, till now I consider it *par excellence the anæsthetic* to be used for any painful surgical operation which can be quickly performed. *Having found out how to use it, and what to expect from its administration, I now obtain the most brilliant results from it, and have become quite enthusiastic in its praises.*

In every patient, using the needful precautions, I have produced complete narcosis in less than one minute, often in from twenty to thirty seconds; a deep sleep which, however, will not last more than one or two minutes. From this speedily induced narcosis recovery is rapid and complete, with neither nausea nor heaviness, so that as a rule five minutes after the inhalation the patient is as much himself as if no anæsthesia had been induced. Experience has taught me that these are the peculiarities of the bromide of ethyl when administered for anæsthetic purposes, and that as such they will prove of inestimable value to surgery.

The following very interesting cases, patients recently operated upon, will illustrate how thoroughly and speedily the brain resumes its full functions after complete ethyl narcosis:

Miss M., a self-possessed little girl, eight years of age, desired to have an ugly squint corrected, and exhibited no timidity in witnessing the preparations needful for its performance. Prior to getting upon the table she had her collar loosened to remove

any impediment to respiration. In doing so she took two roses from her dress, and placed them on a vacant chair near by. She was then put on the operating table and the bromide of ethyl administered. A very few inspirations produced deep sleep, under which the tenotomy of the rectus muscle was performed. The ethylization and squint operation occupied fifty-six seconds; the time was taken by one of my assistants. Within three minutes from the commencement of the narcotism the child was perfectly awake, and was ready to get from the table. When on the floor she walked at once to the chair, and within four minutes from the time that the anæsthesia was commenced she was engaged in pinning these roses into the front of her dress, with a composure which showed not only no present discomfort but a complete oblivion of the experience through which she had just passed.

The second case, also one of convergent squint, was that of a boy, fifteen years of age, who seemed very anxious to get rid of his deformity. After getting on the operating table, before the medical class at the University of Maryland clinic, I told him that when the towel was placed over his face it would have a very choking sensation, but that he could not choke from it. I also showed him how to take quick and full inspirations, so that the suffocative sensations would entirely pass away before he had breathed a half dozen times. When the folded towel, upon which a drachm of ethyl, had been poured, was placed over his face he commenced a most active respiratory movement, which in a very few seconds quieted down into deep sleep. Within thirty seconds from the commencement of the ethylization narcotism was profound. The operation was commenced without delay and the division of the tendon speedily consummated. The entire operation, from the commencing ethylization to the perfection of the tenotomy, did not exceed sixty seconds. A minute had not elapsed from the completion of the operation when he awoke, and jumping from the table to the floor of the amphitheatre he cried out in a jubilant voice, "I am all right," much to the amusement of the medical class who crowded the benches of the amphitheatre; a very different behavior from that which follows the inhalation of chloroform or ether. In this case the entire period, from the beginning of the inhalation, through the stage of complete narcosis, to perfect restoration, did not exceed two minutes.

A third case was that of a gentleman of extremely nervous temperament, who was disfigured by a tarsal tumor which, on account of his dread of being operated upon, he had carried over a year. On Sunday

morning he presented himself at my office with the request that I would operate upon him at once, making as a condition that I would give him chloroform. It is an established rule with me never to administer an anæsthetic without an assistant being present. Having explained the necessity for this course, I requested him to meet me at the University Hospital within an hour, so that I could secure the presence and aid of the resident physician as my assistant. I anticipated his arrival and had everything prepared for his coming. I received him on his entering the vestibule of the hospital and accompanied him at once to the amphitheatre. With no loss of time he got upon the table, and was told to take full inspirations in spite of the suffocative feeling of the ethyl. As soon as the cone containing a drachm of the bromide of ethyl was placed over his nose and mouth, he commenced a series of slow, deep inspirations, which terminated in full narcosis by the time the eighth inspiration was taken. His breathing was free, pulse strong, color of face bright, with the appearance in every respect of ordinary, deep, natural sleep. Desmarres' ring forceps or clamp soon secured the lid, the tumor was freely opened from the conjunctival surface, and by means of a cutting spoon its epithelial lining was speedily scraped off. A few rapid rotations of the spoon effected this very promptly. This manipulation was a matter of a very few seconds. The awakening was equally prompt. Within two minutes from the time he laid upon the table he was again standing on the floor. Upon being questioned he said that he was perfectly himself and had felt nothing whatever of the operation. He asked whether all was over, and when assured of it he put on his hat and walked out of the room. Within six minutes from the time of his arrival, he was again passing out of the entrance door of the hospital into the street, having, during this very short period, been ethylized, operated upon, and resumed his natural condition of feeling.

I might go on enumerating case after case, until my entire experience with the wonderful efficacy of ethyl, in all cases of what I now call primary anæsthesia, was gone through with, covering at this time over four hundred inhalations. These three cases, however, will suffice to show how thoroughly the brain recovers its perfect functions after the deep but very transient impression brought about through the inhalation of the vapor of this potent agent—persons who, only two minutes before, had been in such deep sleep that they were insensible to pain, now walking with a firm tread and with a clear brain out of the operating room.

On account of its activity, efficiency, and the

evanescent nature of its narcotic effects, the bromide of ethyl has become my favorite anæsthetic for all surgical cases in which, by quick manipulation, I can perfect a painful operation in a short period.

Experience, by daily administration, has taught me this very valuable lesson, viz., that it is not an anæsthetic which can be advantageously repeated or be continued for any length of time. This is one of the serious mistakes which I made in my early experiments, and which induced me, through ignorance, to discard the new agent as unreliable.

Its wonderful action is obtained during the first minute of its inhalation and what I have called its primary anæsthesia.

In cases in which, from some interference with the rapidity of the manual of operative procedure, this primary anæsthesia wears off, and a second and even more numerous administrations have to be made to keep up the anæsthetic state, while the narcosis can at all times be reproduced, nausea is very apt to follow. Then is established a mental depression, as from the continued use of chloroform or ether, which may last for hours.

Fortunately there are many surgical operations of a very painful nature which can be perfected within the short period of a primary ethyl narcosis. Abscesses can be lanced, cysts emptied, sinuses laid open, wounds probed, strictures incised, muscles divided, surfaces cauterized, examinations made necessitating painful manipulations as in detecting the existence of recent fractures, and even amputations performed. It must not be forgotten that prior to the discovery of anæsthetics Mr. Liston urged the general adoption of flap amputations, because all painful cutting, including the sawing of the bones, could be completed in so many seconds and did not require minutes at the hands of dexterous surgeons.

In eye and ear surgery, in which I am exclusively interested, tumors can be removed from the lids, abscesses punctured, orbital sinuses explored, the lachrymal canals laid open, the nasal ducts probed, canthotomy practised, crossed eyes straightened, the operation for artificial pupil perfected, in-growing lashes destroyed by the cautery, and even optico-ciliary neurotomy completed. All such operations I perform now under a primary ethylization, if the patient exhibits any timidity or expresses a desire to be put to sleep. If every preparation be made in advance, instruments arranged in the order in which they are to be used, and placed within easy reach, and if the surgeon is able to manipulate with dexterity, it can be readily seen that a very large part of the painful procedures of surgical practice might be

made altogether painless by taking advantage of the wonderful nature of ethyl narcosis.

In eye surgery I not only use it daily but if now deprived of it, would feel that I had lost my very best assistant.

What can be more satisfactory than the correction of that ugly deformity, squint, under the perfectly quieting influence of the bromide of ethyl, in less than one minute, to cover ethylization and the tenotomy? In fifty-two seconds, as measured by the stop-watch, I have ethylized the patient and completed the division of the faulty muscle. The patient, quite himself in two minutes more, finds the ugly deformity gone, and without the slightest knowledge on his part, of how the wonderful transformation has been brought about. This was my most expeditious operation. In the presence of the large medical class of the University of Maryland I have repeatedly completed the entire operation for the correction of squint, including the whole time necessary for the administration of the anæsthetic, in less than sixty seconds, as measured by the stop-watch.

To use the bromide of ethyl efficiently one must have confidence in himself and also in the safety of the agent which he is administering.

For long operations, or such as I desire to complete slowly, I prefer to administer chloroform, an anæsthetic with which I have had a long, extensive and uninterruptedly satisfactory experience. *Of over 12,000 patients, upon whom I have operated under the narcotic effects of chloroform, I have not lost one.* These patients cover organic disorders of heart, lungs, kidney or visceral disease, in persons of all ages, from the child only a few days old to my oldest chloroform administration, a very old man of ninety-six. Some were strong while others were very feeble.

Chloroform has always served me so faithfully that I have never had any good reason for transferring my allegiance to sulphuric ether. I now and then use ether but only at long intervals. Should a patient express any positive objection to chloroform and desire that ether be administered in his case, I always carry out his wishes. When the selection of the anæsthetic is left to me, and it usually is, my preference is decidedly for chloroform. I use chloroform so freely that I buy it literally by the gallon or in seven-pound bottles, many of which I have emptied. Of sulphuric ether I still have a pound bottle, which has been in my possession already five years, with contents not yet consumed. I believe that sulphuric ether is as safe as chloroform, but not more so. I know it to be more disagreeable in its

odor and much more unpleasant in its inhalation. I believe that either chloroform or ether, when carefully given in accordance with well-known laws, which should always be observed in the inhalation of anæsthetics, will carry safety in its train. I also believe that if proper care be not taken, trouble may come to both patient and surgeon regardless of the agent selected. Some physicians have much more anxiety while using anæsthetics than others, not because they have a worse class of patients, but because they have never acquired the necessary confidence in the agent they use, nor do they feel the necessity, under conviction, of always having and observing fixed rules for their guidance in the use of these powerful agents.

After an experience of thirty years of an active surgical practice, I still hold chloroform to be the best of anæsthetics for tedious operations, provided certain simple rules are adhered to in its administration. I can enumerate them in very few words:

1. I always, *without a single exception*, give a strong drink of whiskey, from one to two ounces, to every adult to whom I intend to administer chloroform. This is done a few minutes before they get on the operating table. Because I never omit this fundamental law, and in advance sustain the heart against the depressing effect of the anæsthetic, in not one of my 12,000 cases have I ever had to use, in a single instance, a hypodermic of whiskey. It is already in the stomach should it be needed and can do no harm if not required.

2. Always loose the neck and chest clothing so as to have no impediment to respiration.

3. Only administer chloroform in the recumbent posture with body perfectly horizontal and head on a low pillow, this pillow to be removed as the anæsthesia progresses.

4. Give chloroform on a thin towel folded in conical form with open apex so that the vapor, before inhalation, will be freely diluted with atmospheric air. In holding this cone over the face of the patient at some little distance from the nose, place the fingers under the borders of the cone for the double purpose of allowing air to enter freely, and also to prevent the chloroform liquid on the towel from coming in contact with the skin of the patient's face, and thereby avoid its blistering effect.

5. Should loud snoring occur force up the chin. This manipulation, by straightening the air-passages from the nose to the larynx, makes easy breathing. The elevation of the chin is far better in every respect, easier of application, more quickly done, and much more efficient than pulling out the tongue.

By always following these five simple rules I

have had, so far both safety and comfort in the administration of chloroform.

Possibly one very strong reason why I have been so successful in the administration of chloroform is, that as a specialist in eye surgery the inhaler must be removed from the nose before I commence the surgical manipulations. Besides, while operating I have constantly in view both the color of the face and the respiration of the patient, which I consider even more important for the surgeon to observe than to feel the pulse. When surgeons are operating on distant parts of the body and cannot watch the work of the administrator of the chloroform, accidents are most apt to ensue.

In the inhalation of the bromide of ethyl all of these rules are not necessary and some of them cannot be followed out.

The recumbent posture I consider essential for the safe administration of any anæsthetic whether it be chloroform, ether or ethyl, hence these agents are not safe remedies at the hands of dentists, who place their patients in a sitting posture. Preparatory to the inhalation of the bromide of ethyl I have not found it necessary to give whiskey. The only precaution I take is to loose the neck clothing and have the patient lie down with the head only slightly elevated.

My experiments have taught me that the mode of administering the ethyl should differ totally from that used in giving chloroform.

Instead of a chloroform vapor freely diluted with atmospheric air, a saturated ethyl vapor must be inhaled to the exclusion of atmospheric air, in order to obtain speedily and effectually narcosis.

In my early experiments with this new agent I was not aware of this fundamental principle, and hence did not obtain good results. I voted bromide of ethyl a failure, because I, with other experimenters, was too timid, or rather I should say too ignorant of its peculiarities, to push the ethyl vapor in this concentrated form. By my present method of administering it I can obtain perfect ethylation in any patient in from twenty to sixty seconds, and have no after consequences of nausea or dulness of feeling.

The best inhaler for the giving of the bromide of ethyl is a thick towel folded into the form of a small cone with closed apex. Between one of the folds of the towel I place a sheet of paper, which makes the cone nearly air-tight. The base of the cone must be wide enough to inclose both mouth and nose. The soft material of which the inhaler is made enables the rim to be kept firmly in contact with the face, so as to exclude air from entering. I

always instruct the patient how to make long inspirations, and inform him that he must do this, notwithstanding the fact that he will feel somewhat stifled. I also assure him that a very few inspirations will put him to sleep. Usually I make him in advance go through the process of strong respiratory movements so that he will know exactly how to proceed. Into this towel cone I pour about one drachm of the bromide of ethyl and immediately invert the inhaler over the nose and mouth of the patient, holding its edge down firmly over the face. There is no fear of creating asphyxia, as all air cannot be excluded, and the height of the cone makes a considerable air chamber into which the patient breathes.

Children struggle to escape from the apparatus. *The cone, however, must not be removed from the face for an instant until anæsthesia is produced.* At first some will not breathe the vapor, but there is no fear that they will not catch their breath in time. Should children cry, it only insures inspiratory efforts, which the more surely and quickly will bring about the introduction of the vapor into the lungs. As a rule, a dozen full inspirations are all that are needed to produce deep narcosis. I recognize this desirable condition by a stoppage of all struggling, and I have had deep sleep brought on by the sixth inspiration. A complete relaxation ensues, with quiet breathing, and an absence of reflex irritation when the conjunctiva is touched. The patient retains the usual healthy color of lips and cheeks as if in ordinary sleep, and the pulse becomes slower and stronger as the narcosis becomes profound. Thirty seconds, as a rule, is sufficient to bring about this desirable condition, and have the patient ready for operation.

I have not found this anæsthetic sleep last more than two or three minutes, often not so long.

Usually the patients awake suddenly and as completely as they would do from ordinary sleep. They are able to get down from the operating table without assistance and walk off without staggering, and with brain clear to answer correctly any question; in fact, quite themselves.

It took me some time to acquire such confidence in the safety of the remedy, as to apply it in the concentrated form needful to obtain its fullest benefits. To the uninitiated it looks like cruel work to keep the cone of a saturated ethylized vapor over the face of a struggling patient. *I am convinced, however, that in no other way can quick, complete and safe anæsthesia be obtained by it.* Fortunately the struggling is very soon over, and sweet sleep speedily ensues.

My experience with the bromide of ethyl will now exceed 400 cases, of which 300 are within the past

year. I am beginning to be familiar with its administration and its effects, and now know what to obtain by it, and what not to expect from it. I give it without hesitation, in any case, to avoid painful manipulation. I have used it as often as six times a day, and I now administer it, on an average, certainly once every day. In the last week I have given it fifteen times. For office use I find it invaluable, on account of its promptness, efficiency, evanescent nature of the anæsthesia induced, the absence of nausea, and the perfect comfort with which patients operated upon can leave my office within a few minutes after the ethylization. Its use in my every-day experience does not interfere with the routine of office practice, nor occupy more time than I give to an ordinary office consultation.

Those who will use it by a single inhalation, to produce a short, deep sleep and not resort to a maladministration of this very valuable agent for a continued anæsthesia, which it is incapable of sustaining in safety and in comfort, will become as enthusiastic as I am over its brilliant results, and will consider it, as I do, the most perfect of anæsthetic agents for quick, painful surgical work. It can never take the place of chloroform or sulphuric ether where any heavy operations are to be done. These well-known and tried anæsthetics must continue in favor for all tedious operations, and will be used by those who manipulate slowly and who do not have prompt, quick assistants. But when one can take advantage of a primary anæsthesia from the first administration of the bromide of ethyl, and having made every preparation in advance, will manipulate quickly, the new anæsthetic leaves nothing to be desired. I will repeat, "can anything be more brilliant in surgery than a successful operation for squint, where an ugly deformity of years, standing is promptly, thoroughly, safely and surely removed in less than one minute of time—fifty-two seconds for ethylization and operation?" This is the nearest approach to magic in the art of surgery.—*Med. Jour.*

PROCEEDINGS OF SOCIETIES.

MEDICO-LEGAL SOCIETY.

At the meeting of the Medico-Legal Society, January 23d, 1883, a paper was read by Dr. Edward C. Mann, entitled "A Plea for Lunacy Reform." Our laws regarding lunacy, the doctor said, are very defective, and seem to be based almost wholly on the false principle that personal liberty is of little

value. The proper object of a lunatic asylum is to restrain, and cure, if that is possible, persons whose insanity renders them dangerous to themselves or others. There are many persons who have just stepped over the border line of insanity, whom judicious treatment in their own homes will be more likely to cure than confinement in an asylum, and such persons should not be committed to those institutions, but under the present law, quiet and easily managed patients are as often incarcerated in the asylums as violent and dangerous lunatics. The judge who signs a commitment should be sure that the subject is dangerous to himself or others, and that he can be better treated in an asylum than at his own home, and if he demands a trial by jury, he should have it. Under the present wretched system the two physicians who sign the certificate that a patient is insane, may be incompetent, and they may be bribed. Dr. Mann thought that each State should be separated into districts, in each of which a certain number of competent physicians should be designated, whose duty it should be to decide on all questions regarding insanity, and that no person should be committed to an asylum without the approval of at least two of these physicians. The doctors so appointed in all the districts should form a State Lunacy Commission, which should be permanent and not dependent for its existence on politicians. This State Board should act as the guardian of the insane, visit and inspect the asylums, and see that the patients were properly treated. Dr. Mann, at the conclusion of his paper paid a feeling tribute to the late Dr. George M. Beard, after which Dr. C. L. Dana offered a resolution, which was unanimously passed, expressing the deep regret and sorrow of the society at the untimely loss of Dr. Beard. A long discussion followed, on the report of the Permanent Commission, presented at the last meeting, concerning the proposed revision of the lunacy laws, in which Mr. D. S. Riddle, Dr. A. H. Smith, Clark Bell, ex-Police Justice Ottenbourg, George H. Yeaman, and ex-Surrogate Delano C. Calvin participated. The speakers seemed, however, to ignore the laws of all other States other than New York. In many States the phantom of personal liberty is preserved at the expense of much more important interests. Personal liberty is best preserved by careful supervision of asylums.

GYNÆCOLOGICAL SOCIETY OF BOSTON. HENRY M. FIELD, M.D., SECRETARY. PRESIDENT WHEELER in the Chair.

The obliteration of the uterine cavity in pregnancy.—Dr. H. R. Storer remarked he had been struck,

during the reading of the records of the last meeting with Dr. Norris's position in respect of the obliteration of the uterine cavity in pregnancy, procured by the turgescence of the glands—a condition, it was commonly assumed, which might not be complete under three months. Would ask how complete placenta prævia can be explained consistently with this statement; would also remark the frequency with which, as it is claimed, the uterine sound can be passed up and swept about in the early months of pregnancy without occasioning abortion.

Dr. Marcy suggested discussion of these points should be delayed until his paper was read, as closely cognate matters were therein discussed.

Call was hereupon made for Dr. Marcy's paper—*Some forms of disease of the placenta*. The reader remarked in a prefatory way that his subject was of necessity complex and concisely presented, but he had done the best he could to make himself clear. The paper was frequently illustrated by various diagrams.

He began by giving a careful review of the histogenesis of the placenta, showing the great value of comparative anatomy, and the light shed upon this important subject by its teachings, especially as developed by the studies of Owen, Huxley, Turner, and Ercolani. All the vertebrates, during the period of embryonic life, in order to complete the marvelous phases of their development, require special nourishment, which is always furnished them by the mother. This is conveyed to and converted into its own substance by the embryo, and however many and considerable may be the differences in these two fundamental factors, the unity running through them readily appears under two different forms, represented by the yolk of the egg in the oviparous animals, and by the placenta in vertebrate mammals. In the first the maternal aliment is stored up in a mass by the mother, surrounding the ovum in such quantity as is needed by the embryo to complete its development; in the second this nutrition is furnished by the mother through the placenta, which elaborates it as is needful for the developing embryo. These materials in every case are absorbed and conveyed to the foetus by means of its own vascular appendages. This nutrition is carried on during the developing period in all vertebrates through a single law of physiological modality. The typical anatomical form in the two fundamental parts of the placenta, however wide the variation, is always identical: a villus of new formation both in the maternal and foetal part, composed of an internal vascular loop, surrounded by protoplasmic cells, and covered by an outer epithelium. The office of the

villi only is different, the foetal being *absorptive*, the maternal villi *secretive*.

These villi always come in contact more or less intimately, but the walls of the vascular loops never in any instance touch. This is the more to be emphasized since it invalidates the idea hitherto held, and still almost universally taught, of the mode of the nutrition of the foetus: interchange between the two bloods by endosmosis and exosmosis.

The different ways of interblending between the foetal and maternal villi give the complex and confusing picture of placental formation. In the development of the single placenta the epithelial covering of the vascular loop of the foetal villus is wanting, because of the intimate relation which has been established between it and the secretory villus, which *never* loses its own epithelial covering. The form of the vascular loop of the maternal villus is very greatly varied, and in the quadrumana and the human species the dilatations become lacunose and are actually enormous.

During the early period of pregnancy in woman the decidual cells form a complete layer, richly vascular, into which the villi of the chorion penetrate and ramify. For a time the relationship between these two parts is not so close that they cannot be separated. In this stage, before the maternal vessels become ectasic, we have a form of development not unlike that of the diffused or disseminated placenta. The belief that the lacunæ were really large cavities, as they had the microscopic appearance of being, and not the maternal vessels greatly dilated, was held as a truth, proved and indisputable. It was through this belief that two other deceptive appearances were received as truth; that the villi floated in the maternal blood, and that the epithelium covering them appertained to the foetus instead of the mother. It has seemed thus necessary to review the anatomical and physiological modality of placental formation in order *now*, and not earlier, to investigate some of the more common forms of placental disease.

The paper being before the Society for discussion, Dr. Clarke inquired if Ercolani's system had been still further illustrated by observations from disease.

Dr. Marcy replied that it had. He would further remark that, only a few days after the separation of the foetus, careful searching would enable us to find the line of demarcation between the maternal and foetal villi.

Dr. Field observed he had special reason to be interested in the question asked by Dr. Storer before the reading of the paper; he had himself previ-

ously detailed to the Society the difficulty he had in procuring abortion under three months. At other times the sound could hardly be once introduced without response. In certain difficult cases, and he could call to mind three such where he had been forced to procure abortion, it seemed as if it were impossible to do sufficient injury with the sound to disturb the relations of the foetus and the uterus. Dr. Field proceeded in some detail to describe the difficulties he had encountered.

Dr. Norris asked if air had been introduced. He had been called in the night to a case of abortion where the forcing in of air appeared to be the determining cause; this at the hands of an irregular practitioner. Separation of membranes and abortion speedily followed.

Dr. Field was well aware of the efficiency of this method, but was afraid of it. Believed it had been known to cause almost instantaneous death.

Dr. Wheeler recalled a fatal case, which had come to his knowledge, where air had been forced into the uterus through the imperfect working of a Davidson syringe which had been charged with water.

Dr. Martin had knowledge of a number of cases where abortion had been, purposely and with but little difficulty, induced by a skilled use of Simpson's sound. Had known abortion to follow within twenty-four hours after recourse to this instrument. Ergot was of little help or use unless abortion or parturition had been already inaugurated by other means.

Dr. Marcy showed a specimen from a recent abortion. The ovum will bear considerable disturbance so long as the placental site is not interfered with; but rupture of the membranes will ordinarily lead to a speedy casting off of the foetus.

Dr. Weeks raised the question as to the *modus operandi* of air driven into the uterus in effecting abortion; had seen two cases lately, both the work of irregulars. In one, the air was introduced through a catheter, in the other the ordinary bulb syringe was used, the rectal tube having been inserted within the uterine os. In both instances abortion followed within forty-eight to sixty hours, with but little pain or hæmorrhage or disturbance of any kind, and apparently without danger to the patient.

Dr. Wheeler remembered a case in which he had largely relied upon a flexible catheter, introduced and left *in utero*.

Dr. Martin believed a frequent cause of abortion, if not, indeed, the prevailing condition, to be a partial separation at the edge of the placental site, which, with the consequent and subsequent hæmorrhage, acts as a source of still further excitation. The

resulting clot serves the purpose of a wedge; and if this state of things be permitted to continue and extend, abortion must ensue.

Dr. Storer believed in the correctness of Dr. Martin's position, but superadded, and of necessity present, is a degree of nervous irritability. If this can be controlled, abortion may be at times prevented, although the mischief described by Dr. Martin has been already accomplished. Dr. Chapman's suggestion of heat applied to the sacral region is of especial value under these circumstances; on the other hand, cold so applied will encourage the abortion. An abortion which has been threatened and escaped will leave a permanent impression of injury upon the placenta, as an investigation at time of birth, months after, will prove. Dr. Storer hoped Dr. Marcy would continue his researches, and especially that he would instruct the Society upon the pathology and other phenomena of membranous dysmenorrhœa.

Dr. Weeks' question as to the mechanism of abortion, obtained by the introduction of air into the uterus, was again raised.

Dr. Martin believed that whatever tends to increase or diminish the size of the cavity of the womb tends to produce muscular contraction, which, if the organ be gravid, may result in the expulsion of its contents. He called attention to the large number and variety of electrical instruments which were being exposed for sale, to be applied by the subject and worn in various ways for the purpose of procuring miscarriage.

Dr. Wheeler reprehended resort to sponge-tent in the effort to cause abortion. In one instance, where abortion had already taken place, the woman died of septicæmia, for which the sponge-tent was believed to be responsible. This stricture was meant to apply to the puerperal state only; in the non-puerperal other conditions obtained, and the danger was less.

Dr. M. L. Thorn recalled the fact that Dixie Crosby was accustomed to propose for the procurement of abortion a saturated solution of alum introduced between the membranes and uterus and without rupturing membranes. The speaker asked the mode of action of this expedient.

Dr. Storer suggested that such a solution left in the uterus must cause extreme exosmosis, and so, as Dr. W. S. Brown rejoined, empty the uterus through the contractions its distention would be likely to bring about.

Dr. Marcy asked for experiences in mole pregnancy and hydatids.

Dr. Martin responded with a recent experience in

which patient had a fall and expected to abort early in pregnancy, but escaped. As gestation proceeded she became immensely anasarctous, the labia being so distended as to be almost diaphanous. Finally, he was called in haste to find the woman floating in a pool of fluid which had run through the bed and upon the floor; she had given birth to a great mass of hydatids. The blood she discharged looked like currant juice, so impoverished was it. Gave ergot, used ice, resorted to compression. Then examined and brought away a pitcher, and perhaps a pail, full of hydatids. Placenta gave evidence of hardly more than four or five months' development; on further examination it proved to be separated at one point, and here, as a place of origin, had sprung the hydatids—a growth still hanging from its attachment like a bunch of grapes. Fœtus when brought away showed that its growth had been arrested at, apparently, five months. An interesting fact remains for mention: the placenta was perfectly healthy, and fœtus not in the least putrid. The latter had probably continued to live, in a state of arrested development, until a short time before birth.

Dr. Clarke cited a case in which he attended a woman at full term and the whole placenta came away. She got on very well for three days, when she was suddenly seized with violent pain and a placental-looking mass was extruded from the vagina. Dr. Holt, of Cambridge, examined it and pronounced it to be placenta. The woman said she had been conscious, for two years past, of a swelling at one side of the womb; but now it was gone. Specimen had no odor, and was not decomposed.

Dr. Storer suggested, in explanation, twin pregnancy, with early blighting of a twin, which had afterward been destroyed.

Dr. Marcy regarded Dr. Martin's case one of great importance. It would seem as if a single cotyledon had developed in this extraordinary manner. Mole pregnancy is commonly limited to a development which takes place prior to the formation of the placenta, before the circumferential villi of the chorion at other points have atrophied. This is more frequently observed than the abnormality due to placental modification.

Dr. Storer believed that the passage of what was intrinsically nothing more than coagula often gave rise to a belief in the extrusion of a mole. Again, in the unmarried, whatever may be the character of the product of conception, the question being raised if it is not a false conception, and nature having apparently made some effort to spare the woman, the doctor respects the feelings of the patient and pa-

tient's friends, and leaves them in their ignorance. Then there is a residuum of cases when the doctor makes a mistake. He had met upon the train not long since a gentleman whose wife, as was supposed, had long been the subject of uterine disease; frequently on the occasion of menstruation she would pass, with great pain, what appeared to be the exuviae of membranous dysmenorrhœa. Another physician called in, who proved to be more sharp sighted, closely investigated the case, and found in the supposed product of the menstrual decidua an impregnated ovum. The woman was one of those exceptional subjects who are constantly conceiving upon the slightest exposure, and the uterus had formed the habit of speedily casting off the embryo.

Dr. M. L. Thorn quoted the opinion of Dr. Tait, who declares that true membranous dysmenorrhœa always implies conception.

This both Dr. Storer and Dr. Martin doubted; honest women and unmarried have dysmenorrhœa every month, and pass their period in great agony.

Dr. Martin had often been surprised to find to what extent an organized clot may simulate the placenta. Doctors often err in this direction. Old women and nurses make this mistake, with disastrous consequences, it may be, for the patient. The doctor recalled a case in which a woman was said to have miscarried ten weeks before. She was suddenly seized with renewed hæmorrhage, and a mass fell from her as large as a cocoa-nut; it was nothing less than the placenta, which had been all this time retained.

Dr. Marcy remarked, in respect of the *false membrane*, that its histological character is very simple; and this he briefly described. All over its interior can be seen the casts of the utricular glands. It takes its origin in a hyperplastic condition of the epithelium lining the interior of the uterus.

Dr. Martin detailed the history of a remarkable case of general or constitutional vaccinia in an infant, which contracted the disease from a secondary vaccination done upon the mother, from whose breasts it drew its support.

Dr. Storer informed the Society that its Fellow, Dr. Campbell, of East Boston, who held a position in the present Legislature, had already shown his loyalty to those interests with the culture of which the Society was intrusted, by bringing forward a bill for the relief of shop-girls.—*Boston Medical Journal*.

NEW YORK SOCIETY OF MEDICAL JURISPRUDENCE.

THE first meeting of the New York Society of Medical Jurisprudence, was held, January 11th, 1883, at the Academy of Medicine. This society has been

formed of a number of prominent members of the Medico-Legal Society who were not in harmony with its present management, as well as many others of the legal and medical professions, and has for its objects, "the creation of a higher standard of expert testimony in medico-legal matters; the investigation of State medicine, as well as adding to the science of medical jurisprudence in general." The society has already over one hundred members. It organized at this meeting, with the following officers: President, George P. Avery; Vice-President, J. S. Wight, M.D.; Secretary, Dr. N. E. Brill; Financial Secretary, S. B. Livingstone; Corresponding Secretary, Dr. J. F. Chauveau; Treasurer, Dr. E. C. Harwood; Trustees, G. P. Avery, A. J. Delaney, Max F. Eller, Drs. T. C. Finnell, A. M. Jacobus and C. S. Wood.

Dr. J. S. Wight read a paper on the "Bearing of Illusions and Hallucinations on Testimony," in which he related many instances where sane witnesses testified to things which they believed had actually happened, but which were shown to be illusions. Dr. Landon Carter Gray, read a paper on the "Case of Margaret Keppel, the Brooklyn Child Abductor," in which he said that in May last he had been called to examine a woman, charged with stealing a small towel from her employer, as to her sanity. He became convinced of her insanity, and she was released. In August last the whole community had been startled by the abduction of a little girl. He then related the circumstances of the abduction, and said he had examined Margaret Keppel and found she was the same woman whom he had pronounced insane in May. Her mind was a complete blank to all the details of her acts.

THE LIGAMENTUM TERES, AND ITS USES IN MAN AND ANIMALS. Read in the Section of Anatomy and Physiology at the Annual Meeting of the British Medical Association in Worcester, August, 1882, by HENRY MORRIS, M.A., F.R.C.S., Surgeon to, and Lecturer on Surgery at, the Middlesex Hospital.

The ligamentum teres is still an imperfectly understood structure, and anatomists are not agreed as to its uses. I propose to say a few words on what appears to me to be its purpose in man and other animals. To ascertain the tension of the ligament in different positions of the limb, I have employed a mode of examination of which no mention is made, so far as I am aware, except in my work on the "Anatomy of the Joints;" and which does not seem to have been resorted to by other anatomists. It consists in opening the joint by chiselling away that portion of the

pubic rim of the acetabulum over which the psoas and iliacus pass. Thus, the structures in the floor of the acetabulum, to which the synovial covering of the round ligament is attached, are not disturbed, as they necessarily are by the method of trephining the floor of the acetabulum; moreover, the capsular ligament is interfered with only where it is so thin as to be little more than synovial membrane, and therefore at a part which can have no restraining influence over the movements of the joint. In this way the round ligament is sufficiently exposed to see what degree of tension it assumes during the extended position of the limb, as well as in many others; while, in the positions in which the ligament is not altogether visible, its condition can be easily ascertained by traction upon a string looped beneath it. In this manner, then, positive proof is obtained that (1) the ligamentum teres is quite relaxed during extension of the thigh, and that, too, whether the body lies on its back or is raised into the standing posture; (2) when adduction is combined with extension of the thigh there is no tension on the round ligament; (3) the ligament is at its tightest when the limb is simultaneously flexed, adducted, and rotated outward; very nearly as tight when the limb is fully flexed and rotated outward without being adducted, or fully flexed and adducted without being rotated outward.*

Much the same results have been repeatedly ascertained by trephining the floor of the acetabulum, without in the least interfering with the capsule of the joint; so that these two methods of examination correct and corroborate one another.

It is clear, therefore, (1) that it is not the prime function of the round ligament to assist in supporting the weight of the body in the erect position, either when we stand on one leg or on both; in other words, that the pelvis is not slung upon the heads of the femora by means of the round ligaments in the standing attitude; (2) that the round ligament does not check adduction in the extended or nearly extended position, as when standing at ease.†

* During adduction with flexion beyond a right angle, the round ligament doubtless assists the ischio-femoral portion of the capsule and the rim of the acetabulum in keeping the head of the femur in its place. Possibly, in persons who often assume this attitude, the round ligament becomes thickened from constant use. It has occasionally been noticed in the dissecting-room that a very thick ischio-femoral band was associated with an unusually thick ligamentum teres, the result, probably, of hypertrophy from frequent action.

† The range of adduction during extension has been incorrectly estimated by the brothers Weber, who sought to illustrate its limits by asserting that we cannot press

Nor can I suppose that the primary function of the ligamentum teres is to convey blood to the head of the femur; and that the cotyloid notch is to provide a transit free from pressure to the nutrient artery. If it were so, a small bony foramen would serve the purpose better than a notch large enough in man for the iliac artery, and in the horse for the aorta itself. Besides, a process of synovial membrane, instead of a bundle of strong ligamentous fibres, could conduct a little vessel to the head of the femur; and there would be no need of the large and peculiarly shaped dimple in the head of the bone. Again, in the young subject, before the epiphyses are joined to the diaphyses, the head of the humerus and the extremities of other long bones receive their blood-supply without any such arrangement as a round ligament. Why, then, is this specially required for the nutrition of the head of the femur? In the adult certainly, the size and number, of vessels entering the neck of the femur are quite competent to nourish the head of the bone also.

It is in limiting and checking combined flexion, adduction, and outward rotation, that the ligamentum teres has its use; and, in so doing, it assists the outer half of the ilio-femoral band of the capsule. This combined movement is a frequent one in man, and occurs during walking, running, climbing, and under many other conditions; it often occurs rapidly, and with great force, and is repeated in quick succession. It therefore stands in need of some controlling agency. In man, under ordinary circumstances, the restraint exercised by the ilio-femoral band is sufficient; but, in some of the lower animals, in which this combination of movement at the hip is even more rapid, or more powerful, extra provision is made against its being carried to excess, by increased strength of the ligamentum teres, or by the direct continuation of a part of the ligament with one of that group of muscles which at the same time flex, adduct, and rotate outward. Thus, in the horse the round ligament passes out of the acetabulum, at the cotyloid notch, and, under the name of the "pubo-femoral ligament," is attached to the body and symphysis of the os pubis.* From this

the knees together without bending the hips. This inability exists only in certain individuals, and is a departure from the normal state in the direction of bandy legs. In persons who have straight legs, adduction during complete extension can be carried far enough to produce sufficient pressure by the inner condyles of the femur to prevent even a sheet of writing-paper from being withdrawn from between them.

* In man, many of the fibres of the ligament arise from the ischium, quite outside the acetabulum.

ligament, the pectineus muscle (as well as some of the muscles of the abdomen) arises. The fossa in the head of the femur of the horse is very deep and long—so that the ligament can as securely lock the bone as the biceps humeri of man can the arm at the shoulder.

Again, in the ostrich, whose rapidity of movement is faster even than the horse's, the ligamentum teres is actually continuous with the tendon of a muscle arising from that portion of the bird's pelvis which corresponds to the site of origin of the pectineus in man; and this muscle Professor Owen has named pectineus.

By the action of the pectineus, the ligamentum teres in these animals, is, therefore, made tense—just as the great sacro-sciatic ligament and the vertebral aponeurosis in man are, as I have shown elsewhere, made tense by the action of the hamstring muscles.

In the great ruminants, in which more considerable outward rotation during flexion is possible than in the Solidipedes (*e.g.*, the horse), the ligamentum teres has no pubic fasciculus, and the fossa in the head of the femur is not nearly so deep; but, though these animals occasionally exhibit a great range of this combined movement, as shown in what is commonly called the "cow kick," it is only exceptional, and then always deliberate and intentional, and not a part of any ordinary act, such as walking, running, or roosting.

In the elephant, in whom outward rotation, with flexion and adduction, is but slightly, if at all, effected, and in the seal, in which the conformation of the hind legs renders such movement impossible, there is, as anatomists well know, no ligamentum teres.

Mr. Sutton, who has lately devoted a good deal of attention to the comparative anatomy of this ligament, has come to the conclusion that, in birds, it is really the tendon of the ambiens muscle. If so, we have, I think, another proof that the primary object of the ligamentum teres is to retain in place, steady, and control, the head of the femur during the action of those muscles which flex, adduct, and at the same time rotate outward, the lower limb.

That, in man, the ligamentum teres is not necessary to the perfection of the hip-joint, is proved, not only by its perfect mobility and security in persons who have been congenitally devoid of the ligament, but also after reduction in those who have dislocated their hip, whereby the ligament is always either torn asunder, or torn away from the dimple in the head of the femur. The fact that the round ligament, when quite tense, can be divided without causing the slightest jerk or change of position of the limb, so long as the

ilio femoral band is intact, points also to the secondary importance of the ligament as a controlling structure over the movements of the joint in man. The ligament, however, is of much interest in him, from being the representative of a structure which, in other animals, sets a definite limit to the action of a muscle, with which it is anatomically continuous, and of which it may fairly be considered the tendon.

Professor Humphry thanked Mr. Morris for his paper, and said he would like to hear whether Mr. Morris had ever read his work on the "Skeleton," as he had there expressed opinions on the ligamentum teres, almost, if not quite, identical with those just put forth by Mr. Morris, and he had employed the same methods for examining its state of tension.

REVIEWS.

THE DISEASES OF THE LIVER, WITH AND WITHOUT JAUNDICE, with the Special Application of Physiological Chemistry to their Diagnosis and Treatment. By GEORGE HARLEY, M.D., F.R.S. Illustrated by colored plates and wood-engravings. P. Blakiston, Son & Co., Philadelphia. Price \$5.

Where a competent man gives the results of twenty years of study, the exhibit must be worthy of attention; but when the man is not only competent, but a confessed expert, his manifest commands attention. Dr. Harley has long been a recognized authority on the liver, and so much is this the case, that it has led him into dogmatic writing which the well-informed know to be unjustifiable and a blemish.

He regards the diagnosis of liver diseases as easy, but his *ipse dixit* cannot overturn the time-accepted verdict of the profession to the contrary. As a rule the diagnosis is very difficult; so much so, that simple abscess of the liver has, though prominent in its symptoms, escaped the attention of very many of the best in the profession. On the other hand, when the liver is in perfect condition, it is charged by a host of physicians with a host of sins. The author is dogmatic on this subject, but as is usual with dogmatists, he is wrong. His views in regard to the secretions and excretions of the liver might be effectively challenged. His classification of cholesterin as a secretion is open at least to dispute. He does not recognize the labors and views of Dr. Austin Flint, Jr., in this connection. His attributing jaundice to "abnormal diffusion" is certainly a good joke. He mistakes the result for the cause.

So his attributing jaundice to "diminished consumption" of bile is essentially laughable. If this were true, every one would be chronically jaundiced, as no one consumes more than a small portion of the bile secreted; it being all reabsorbed or "not consumed." This is a normal not an abnormal condition. It exists in health, and is not a cause of disease. He thinks that yellow fever is contagious jaundice; another good basis for a jest. But dogmatism and evident error admitted, it is an excellent book and well worthy of the distinction it has won.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.
1883.

I. Manual of Gynæcology. By D. Benjamin Hart, M.D., F.R.C.P.E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh, etc., etc.; and A. H. Barbour, M.A., B.Sc., M.B., Assistant to the Professor of Midwifery, University of Edinburgh. Volume I. Illustrated with ten plates, two of which are in colors, and 192 fine wood-engravings. II. Manual of Gynæcology. By D. Benjamin Hart, M.D., F.R.C.P.E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh, etc., etc.; and A. H. Barbour, M.A., B.Sc., M.B., Assistant to the Professor of Midwifery, University of Edinburgh. Volume II. Illustrated with a lithographic plate and two hundred and nine fine wood-engravings. III. Handbook of Electrotherapeutics. By Dr. Wilhelm Erb, Professor in the University of Leipzig. Illustrated by thirty-nine wood-engravings. IV. The Microscope and its Revelations. By William B. Carpenter, C.B., M.D., LL.D., Sixth Edition. Volume 1. Illustrated by one colored and about sixteen plain plates, and upward of three hundred fine wood-engravings. V. The Microscope and its Revelations. By William B. Carpenter, C.B., M.D., LL.D. Sixth edition. Volume II. Illustrated with about ten plates and upward of two hundred fine wood-engravings. VI. Diseases of the Œsophagus, Nasal Cavities, and Neck. By Morell Mackenzie, M.D., London. Senior Physician of the Hospital for the Diseases of the Chest and Throat; Lecturer on Diseases of the Throat at London Hospital Medical College, etc. Illustrated by wood-engravings. VII. The Diseases of Women. A manual for Physicians and Students. By Heinrich Fritsch, M.D. Professor of Gynæcology and Obstetrics at the University of Halle. Translated by Isidore Furst. Illustrated with one hundred and fifty fine wood-engravings. VIII. The Treatment of Wounds, Being a Treatise on the principles upon which the Treatment of Wounds should be founded, and on the best

methods of carrying them into practice, including a consideration of the modifications which special injuries may demand. By Lewis S. Pilcher, A.M., M.D., of Brooklyn, N. Y. Illustrated by wood-engravings. IX. Hereditary Syphilis : Its Pathology, Treatment and Differential Diagnosis. By F. R. Sturgis, M.D., Harv., Member of the Academy of Medicine, Ophthalmological Society, Dermatological Society, N. Y. Clinical Society. Visiting Surgeon Charity Hospital, New York, etc. One volume Illustrated with one chromo-lithograph and several fine wood-engravings. X. Legal Medicine, by Charles Meymott Tidy, M.B., F.C.S., Master of Surgery. Professor of Chemistry and of Forensic Medicine and Public Health at the London Hospital, Medical Officer of Health for Islington, Late Deputy Medical Officer of Health and Public Analyst for the City of London, etc. Volume III. XI. Legal Medicine, by Charles Meymott Tidy, M.B., F.C.S., Master of Surgery. Professor of Chemistry and of Forensic Medicine and Public Health at the London Hospital, Medical Officer of Health for Islington, Late Deputy Medical Officer of Health and Public Analyst for the City of London, etc. Volume IV. XII. A Treatise on Veterinary Medicine. As applied to the Diseases and Injuries of the Horse. Compiled from standard and modern authorities. By F. O. Kirby. Illustrated by six chromo-lithographic plates, containing numerous figures and about one hundred and fifty fine wood-engravings.

ELECTRICITY IN MEDICINE AND SURGERY. By GEORGE C. PITZER, M.D., Professor of the Theory and Practice of Medicine in the American Medical College of St. Louis. First edition. P. 84. Illustrated, St. Louis : 1883.

This work is evidently not written for the educated specialist, as it is essentially elementary in character. This is not a fault ; not even a disadvantage ; as it will be very welcome to those who know little on this subject and wish to learn. In this respect the book is most useful ; it is not less useful in embodying well-established truths ; and in leaving those in dispute entirely unmentioned. It is a good practical book for the working general practitioner.

Like all authors on this subject, the author has given too much space to the description of electric apparatus and machines. All of this is nearly useless to the physician. It serves, however, to swell the proportions of the volume ; for if only electrotherapeutics were considered and that portion of it which is reliable, a very small pamphlet would be sufficient for the purpose.

Beard and Rockwell, and Bartholow have made the

same error. Doctors do not care to study electrical mechanics ; such work is left to the machinists. The physician no more needs such information than he does that relative to the interior of a watch. Just as he buys and uses a watch to his advantage, without "learning the trade" of a watch-maker, so, generally, he wishes to buy and use his electric machines, without becoming a mechanic.

That portion of this work relative to the right use of currents, and the wrong use of them is especially good ; so also is the illustration of facts by cases. It is a judicious, lucid, concise, and practical résumé of what is well established. It is neatly issued.

BOOKS AND PAMPHLETS RECEIVED.

Diseases of the Skin. By James N. Hyde, M.D. Rush Medical College. Philadelphia : H. C. Lea's Son & Co. 1883.

Acton on the Reproductive Organs. By William Acton, M.R.C.S. London, England. Sixth edition. Philadelphia : P. Blakiston, Son & Co. 1883.

Manual of Gynæcology. By D. Berry Hart and A. H. Barber. London. Volume 1, eight plates and twenty-two wood-cuts ; New York : William Wood & Co. 1883.

Transactions of the Virginia State Medical Society, bound with *Virginia Medical Monthly* for January, 1883.

A Method of Determining Ametropia by Prismatic Refraction. By H. Culbertson, M.D. Cincinnati, Ohio. 1883.

Removal of large Fibro-Cystoma of Uterus and Ovaries, Co-existing with Pregnancy. By Walter Coles, M.D. St. Louis, Mo.

Sanitary Conditions in Surgery. By J. L. Cabell, M. D., University of Va.

Strictures of the Urethra at or near the Meatus ; Causes, Nature, Treatment. By Charles L. Mitchell, M.D. Philadelphia.

Annual Reports National Board of Health. 1882.

National Pedagogic Congress of Spain. Naso-Avtral Catarrh and Treatment. By W. H. Daly, M.D. Pittsburg, Pa.

Buffalo Lithra Springs. Thomas F. Goode, Proprietor. Letters from distinguished physicians as to these waters.

Ephemeris. 1882. Complete. By Drs. E. P. Squibb, E. H. Squibb, and C. F. Squibb, N.Y.

Annual Announcement, Toledo Medical College.

Natural Science in Secondary Schools.

High Schools for Girls in Sweden.

Circular. 3. Bureau of Education.

Report of Secretary of the Interior. 1883.

MISCELLANEOUS.

EXSECTION OF PORTIONS OF INTESTINE.—Dr. Jouillard of Geneva (*Med. Press and Circular*), in cases of hernia with gangrene, first makes an artificial anus, "and afterward when tone and strength have been renewed, resects and restores the continuity of the intestine." He reports 25 cases with 8 deaths by this method, while 23 deaths in 44 cases occurred in primary intestinal resection.

THE FOOD VALUE OF COTTON-SEED.—An interesting paper has been read on this subject by Professor Gulley before the Society for the Promotion of Agricultural Science at Montreal. It seems that our crop of cotton-seed amounts to 3,000,000 tons, or 180,000,000 bushels; and that during the past year the oil mills consumed 180,000 tons of seed in the manufacture of cotton-seed oil, while less than one half of the remainder was used for fertilizers, seed, and feeding stock, the balance being a total loss. The greatest value of the oil (which has hitherto been used for a variety of other purposes) is now found to be in culinary purposes. Perfectly refined and skillfully used, it is equal to the best lard in all cooking operations. Cotton-seed cake or meal is also especially rich in nutritive matter for farm stock. Estimating the cotton seed at ten cents per bushel, and oat straw and coarse hay at \$10 per ton, the average cost of food consumed per head per day of cows experimented upon during the past winter was 7.3 cents, cows averaging $1\frac{1}{2}$ galls. of milk per day. One steer fed for beef, weighing 700 lbs., when shut up gained 260 lbs. live weight, or an average of $4\frac{1}{2}$ lbs. per day, consuming an average of 14.4 lbs. of seed per day, and 11 lbs. of straw and hay; average cost of food per day not quite ten cents. Other experiments pursued at the State Agricultural College of Mississippi showed that boiled cotton-seed with any kind of straw or hay would cause cattle to fatten rapidly, no matter how poor in condition. It also makes very rich milk, the oil of the seed seemingly appearing in the milk in the form of cream. The quality of the butter, however, when the cows are fed largely on cotton-seed, is poor. Other experiments with regard to food and manure are to be made.

A MEDICAL STUDENT'S ORIGINAL OFFER OF MARRIAGE.—There are so many people in this country willing to advance money on one's note of hand simply, that it is a pity that something could not be done by one of them for the following sad case, extracted from the advertisements of a Berlin newspaper: "A medical student whose means are exhausted would like to meet with some one who

would advance him the necessary sum to complete his studies, at a moderate rate of interest. If necessary, he would as a guarantee at once marry his creditor's daughter, or, if he prefers it, would give an undertaking to do so on passing his final examination." At present the law in this country is in such a state that a man cannot offer himself as security, at least not since the decision in *Shylock* versus *Antonio*, reported in Shakespeare, "Merchant of Venice," Act IV. Perhaps to offer one's self as son-in-law is the next best security; and as there are numerous mothers-in-law seeking for sound investments and sons-in-law, business might be done. This desire for learning, however, is somewhat a contrast to the English universities, where the advertising is all on the side of the money-lenders. One would like to know if his love of learning would lead an undergraduate to such an extent of self-abnegation?

THE BRAIN WEIGHTS OF SOME GREAT MEN.—The report that the brain of Gambetta, when examined by the experts, was found to weigh 1100 grammes, or less than 39 ounces, has led to the publication of an immense number of brain weights. The brain of the adult human male is said to average about 50 ounces, and that of the adult female about 45. The maximum weight of the healthy brain is about 64 ounces, and the minimum about 31. In cases of idiocy it has been found weighing only 20 ounces. Broca places the lowest limit of brain weight compatible with human intelligence at 30 ounces in males and 32 in females, the average weight of the European male brain being 49 ounces. Dr. Bischoff of Bonn published two or three years ago, perhaps the most exhaustive study of the subject ever undertaken. He had examined and weighed the brains of 559 men and 347 women. His figures were as follows:

	Highest.	Lowest.	Average.
Male.....	67.9 oz.	35.9 oz.	48 oz.
Female.....	55.2 oz.	28.9 oz.	43 oz.

Bischoff weighed the brains of ten cultivated and celebrated men, some of which he found below the average, while none reached the maximum. The brains of 119 ordinary offenders weighed 11 grammes more than the average, some having a weight of 1500 and even 1600 grammes. Broca, on comparing 115 skulls taken from a vault closed up not later than the twelfth century, with another series of 125 skulls taken from a cemetery belonging to the earlier years of the present century, found the average capacity to be 1,426 and 1,462, showing a considerable gain during seven centuries of progressive civilization. As to the actual weight of the brains of eminent men full statistics are not obtainable.

Taking individual cases, some twenty-three in number. Cuivier, the naturalist, heads the list, according to one authority, with $64\frac{1}{2}$ ounces, and according to another with 64.33. The brains of Abercromby, the physician, and of Schiller, the poet, weighed 63 ounces; Sir James Simpson's weighed 54, and Chalmers's 53; the brains of Napoleon and Daniel Webster, 57 ounces. The brain of a mulatto who died not long ago at Cincinnati was found to weigh 61 ounces. He was not considered bright intellectually.

The heaviest brain on record, which weighed 67 ounces, according to Dr. Morris, was that of a bricklayer, who "had a good memory and was fond of politics, but could neither read nor write, so that, whatever his potentialities, his actual acquirements were not great." It may surprise our readers to learn that the only statistics of Chinese brain weights available show them to exceed all other nations in this respect. The average brain weight of the males reached $50\frac{1}{2}$ ounces, and that of the females $45\frac{1}{2}$ ounces. This is an average not attained, so far as yet known, by any other nation, it being fully 6 ounces above that of the average negro, and $1\frac{1}{2}$ ounces above the European. The brain of Guiteau weighed $49\frac{1}{2}$ ounces, exceeding by more than 10 ounces the reported weight of the brain of the great French Republican.

KARL BLIND, in an article in the Vienna *Neue Freie Presse*, notes the curious fact that the recent revelations regarding Darwin's religious opinions were only noticed by three or four of the English periodicals, and that even *Nature* suppressed Darwin's letter to a Jena student, which Haeckel had sent to the editor as part of one of his lectures. In this letter, it will be remembered, Darwin had stated verbatim: "For myself, I do not believe that there ever has been any revelation"; and in a conversation with Dr. Ludwig Büchner, he said he was with him in thought, but preferred the word agnostic to atheist, and that he had given up Christianity because "it is not supported by evidence." Karl Blind adds to this testimony another item, in the form of a letter written by Darwin in 1873, to a Dutch gentleman, N. D. Doedes, of which we give the following translation from the German, as given in the *Presse*:

"I find it impossible to give a brief answer to your question. I do not know if I should be able to answer it if I should write a great deal about it. Thus much I can say, that the impossibility of understanding how this great and wonderful universe, besides our own consciousness, could have come into existence, through chance, seems to

me to be our principal argument for the existence of a God; but whether this argument is of any value I have never been able to decide; for I know that, if we accept a highest cause, the mind again strives to know whence *it* came and how *it* arose. Moreover, I cannot pass over the difficulty which, on this assumption, arises from the vast amount of suffering prevalent in the world. I am, indeed, bid to attach a certain amount of weight to the judgment of the large number of intelligent men who have implicitly believed in God; but here again I see what an insufficient kind of proof this is. The safest conclusion seems to be that the whole subject lies beyond the range of human understanding; nevertheless, a man may do his duty."

MEDICAL NEWS.

AFTER a spirited debate at Albany, February 6th, a motion to repeal the new code of ethics was defeated by the State Medical Society by a vote of 99 to 105.

THE New Orleans *Picayune* reasserts its charge that since the completion of the Waring system of sewers in Memphis, the death-rate has increased, and seems to prove it by official statistics.

A NOTE from Whittier, the poet, who is a trustee of Brown University, to a fellow-trustee is published, in which he expresses his hope that the "noble old institution" will soon be open to women—a measure, he says, "which I feel certain would redound to the honor and materially promote the prosperity of the college."

A ROYAL SURGEON.—The Prince of Wales recently went out shooting, one of the servants was slightly injured by a chance shot, and howled a little. The prince came up and said, "I am a doctor." He gave the wounded man a drink from his flask, and slipped a sovereign into his hand. The man, strange as it may seem, got well without anti-septic precautions.

ALUM WATER AS A FIRE EXTINGUISHER.—It has been found by M. I. B. Dumas that water saturated with alum is remarkably efficient in extinguishing fires. This property is supposed to be due to the coating it gives to objects wet with it, which prevents contact with the oxygen of the air, and thus retards combustion. It is reported that, as an experiment, French firemen are to be quite extensively supplied with instruments for throwing such solutions of alum.

A BUSY doctor sent in a certificate of death the other day, and accidentally signed his name in the

space for "Cause of death." The registrar says he wishes the profession would be as accurate generally.

CRURAL neuralgia is said to be somewhat frequent among dentists, owing to the position they have to assume during their work.

CARBOLIC ACID AND THE CARBOLATES.—The following *résumé* of the properties and effects (physiological and otherwise) of carbolic acid and its compounds, according to the most recent works on the subject, appeared in the *Progrès Médical*:

DIED in New York, Feb. 15th, Dr. Lafayette Ranney, in the sixty-fourth year of his age; in Philadelphia, on the same date, Dr. Benjamin Howard Rand in his fifty-sixth year; the Prof. of Chemistry in Jefferson Medical College.

THE MANUFACTURE OF MILK SUGAR.—It is reported that the manufacture of milk sugar has been begun by newly invented processes at an Ohio cheese factory. Hitherto the \$100,000 worth of milk sugar used in this country in compounding medicines has been imported from Europe, mainly Switzerland, Germany, and France. It is to be hoped that the new industry will prove successful and applicable at least to all our large cheese factories. At present this element of milk is in large measure wasted.

WOMEN DOCTORS IN SPAIN.—*La Tribuna*, of Madrid, has a long account of the granting by the medical faculty of that city of a degree of medicine on Señorita Martina Casells y Bellaspi. She is the first Spanish woman who has ever studied medicine and taken her degree. The paper speaks in warm terms of her as a lady who, in spite of much opposition and national prejudice, has won high honors. Another Spanish lady is following in Señorita Casells' footsteps. Finding the Valencian School of Medicine had closed its doors against her, she is now studying in Madrid, where she has met with a more friendly reception.

A LECTURE WITH ILLUSTRATIONS BY DR. F. SEYMOUR HADEN OF LONDON.—Dr. F. Seymour Haden of London delivered a lecture upon 'Etching,' illustrated by the magic lantern, in Chickering Hall, last week. He said he found that his lectures on this subject in London did harm as well as good. A large number of people came to hear them simply that they might see how etching was done, and go and do it themselves next morning. Now, he himself began the study of art at the same time that he began the study of medicine, but he never ventured to publish an etching until he was fifty. If any one then present contemplated going and etching next

morning, Mr. Haden would only ask him not to publish the work until he attained the age of fifty. He said "him" advisedly, for it was well known that ladies never attained any such age.

A CURE FOR SEA-SICKNESS AT LAST.—In the report of the proceedings of the New York Academy of Sciences mention is made of a paper read by the Rev. Mr. Thwing describing a new and peculiar method of curing sea-sickness, which the author has tried with success in several instances.

He approaches the sufferer unawares from behind, places his hand upon the patient's head, and speaks in an assuring tone of voice. This puts the passenger into a trance, his sickness is ended, he is supremely happy. The doctor then pronounces the words "all right," which instantly restores the sick man to sense and health, enabling him thereafter to enjoy full meals without let or hindrance. The paper was listened to with profound interest by the members present, was discussed, and will be duly published in the printed proceedings of the Academy.

EDITORIAL.

WHEN TO TAKE EXERCISE.—As the following teaching from one highly competent, is very rational, and is in direct conflict with venerable and mischievous views on this subject, it is presented with pleasure.

The audience was present to hear Dr. Sargent's fourth lecture on "Exercise—How and When to Take it." The lecturer began with a few remarks explanatory of the waste and renewal of muscular tissue and of its dependence upon the amount of exertion, both physical and mental, to which the human frame is subjected. The best result is obtained from exercise when the body is in a state of perspiration, as then the blood is rushing more rapidly through the veins, the action of the heart is quicker, and the energy developed is more intense. Care should be taken not to use too heavy dumb-bells and weights, as the good which would otherwise be derived is counterbalanced by the expenditure of vital energy and the general clogging up of the system. Suppose a man were to hold his arm in a horizontal position for fifteen minutes or half an hour: gradually the action becomes tedious and painful, and sharp pains go shooting through it. This is caused by the checking of the circulation, and although the effort made is ten times that of raising a dumb-bell, still the tissue lost in the first movement is not renewed as it is in the second, and consequently

not so much benefit is derived from it as from the latter. It is of prime importance to use weights proportioned to one's strength, neither too large nor too small, but of medium size.

Dr Sargent said that the idea prevalent that the strongest men come from the country is an erroneous one, as, although certain bones and muscles of those accustomed to manual labor are larger and stronger, yet the development of the heart and lungs does not correspond, and therefore the excess of energy in one direction is offset by the loss in another. Neither do the best physiques come from the city, but, in general from the large towns, where the advantages of pure air, out-door freedom, and the absence of severe manual labor are combined. In this connection he remarked that, for a college student of the present day to spend his summer vacation working on a farm during haying and harvesting, and all the time subjecting a body unaccustomed to this sort of work to a continued strain, was in the highest degree injurious, as, although our forefathers may have done it with impunity, the physical powers of the student of the present generation do not compare with those of the student of the former. In regard to the best time for exercise, Dr. Sargent said that it depended to a certain extent upon the condition and requirements of a person; if, for instance, one was troubled with sleeplessness, the proper time was in the evening, but the hour of the day when the average person can best exercise to advantage is about the middle of the forenoon, as then the vital energy is at its height and more work can be done, both physical and mental. The next best time for exercising is the afternoon, from four to six, and the worst time of all, the early morning before breakfast. The custom in the rural districts of rising about 4 A.M., and working several hours before breakfast, especially when but a light supper is taken the night before, is, in the doctor's opinion simply barbarous, as the body is in the very worst condition possible. During his college course he was one of the members of a boat crew which, while in training, was accustomed to run six miles before breakfast, and the breaking up of the constitutions of two of the men was attributed to this barbarous feature of their work.

EATING QUAIL.—W. M. Wolcott of this city has been busy for the last thirty days in eating two quail a day at one sitting, for a large wager. Betting was "heavy," and the excitement over the disgusting spectacle very great. The human animal won his wager.

LENT.—The Lenten season has begun, and however much many may differ in respect to the religious as-

pects of its observance, it has a great interest to physicians for its sanitary and physiological relations.

The increased observance of Lent during the past twenty-five years is a phenomenon generally attributed to the growth of the Episcopal and Catholic churches. For fashionable people it is an institution which has great attractions. Lent has an excellent sanitary effect, and, whatever it does for the soul of society, it certainly gives its body a chance of periodic rest, which it so much needs. Society in New York, is managed, not by people in mature life, who can endure a prolonged strain, but by very young girls and boys, who, having thrown aside all parental restraint, and being passionately fond of excitement, would "keep it up" all through the winter if the Church did not interfere to check their excesses. From this point of view all sects and denominations may rejoice in Lent.

INSANITY FROM SIMULATION.—A criminal in the upper Garonne, France, simulated insanity and from the mental strain of his effort became insane. The case is not without parallel in literature.

INTRA-MURAL DELIVERY.—A most extraordinary phenomenon lately occurred in Warsaw, Illinois. A lady died under circumstances which gave rise to a report that her death had been caused by her husband's ill treatment. Several weeks after interment her body was exhumed for post-mortem examination, when it was found that in the grave a perfectly healthy child had been born. Cases of this kind while rare are still sufficiently frequent to compel a careful examination in any case of possible pregnancy.

TRANSITORY FUROR FROM LEAD POISONING.—A well authenticated case is reported from Nevada of a miner who became so stimulated from inhaling lead fumes, while repairing one of the tunnel fume escapes, that had he not been immediately secured he would have killed three men standing near him with a sledge-hammer. The patient having been removed to the open air the attack disappeared. The patient had unfavorable neurotic ancestral history.

ARABIAN MEDICAL LIBRARIES.—Medicine owes much to the Arabs and it is of interest to note, that the early Arabian practitioners were great students. An Arabian physician of Bagdad declined an invitation from the Sultan of Bokhara because the carriage of his books would have required 400 camels. If all the physicians of Bagdad were equally well endowed with medical literature the city could scarcely have contained their books, as the medical profession numbered 860 licensed practitioners. It should be re-

membered that such a library condensed after modern methods might not be so enormous. The proportion of physicians seems to have approximated the proportions found to exist in the United States. The existence of a public license is a pitch of civilization to which some of the States of the Union have not yet attained.

OSCULATION AS A THERAPEUTIC MEASURE.—St. Louis has two pretty female homœopathists. Their first patient was a man who said he had the neuralgia from too much kissing, and wanted to be treated on homœopathic principles.

A USEFUL FACT.—Physicians are naturally and necessarily interested in any humanitarian suggestion which lessens danger, distress, and suspense, and which in any way contributes to the protection of human life. They will read the following simple suggestion with pleasure. Mr. Gundersen, Vice-Consul for Sweden and Norway, at Bordeaux, has hit upon a new way of sending messages from the sea. The ancient bottle is always liable to breakage, and the recent pretty inventions of tin ships or buoys are found too expensive and troublesome in practice. Mr. Gundersen employs the small colored balloons made for children, which cost only a shilling a dozen and can be carried empty. He puts the message inside, and throws the inflated balloon overboard. It travels rapidly before the wind, keeps the message perfectly dry, and is a striking object at some distance—a great advantage as regards the chance of being picked up. One was recently tried, with a letter inside, off Dover, where one of the inventor's ships was aground, and two hours afterward the letter was posted in Dover by an unknown hand.

CREMATION.—The Rev J. D. Bengless, Prof. Felix Adler, and others, Commissioners of the United States Cremation Company (Limited), have sent out a circular asking for subscriptions to the \$25 shares. The capital is \$50,000. As soon as half is subscribed a meeting of the stockholders will be called, who will elect directors and organize the company. The circular thus describes the process of cremation: "the body, covered with a pall or winding sheet, is placed in a catafalque in the chapel or reception hall, whence it descends noiselessly by means of an elevator to the crematory chamber. This, by means of superheated air, has been raised to a white heat at a temperature of about 1500° Fahrenheit. When opened to receive the body, the in-rushing cold air cools this chamber to a delicate rose tint, and the body, after an hour in this bath of rosy light, is completely decomposed, nothing remaining

but a few pounds (about four per cent of the original weight) of clean, pure, pearly ashes, which are taken out and put in an urn of terra-cotta, marble, or other suitable material, and placed in a niche of the columbarium, or buried, or delivered to the friends to be disposed of as they desire." If desired mourners will be furnished, handkerchiefs and artificial tears. Urns of pathetic model for regular customers.

SHIPS' SURGEONS.—As a vast army of recent graduates and very many physicians have a mania for obtaining the coveted position of ship's surgeon, a few practical facts will be appropriate, and certainly cool the generally prevalent ardor on this subject. The *News* says in this connection: The pay of the medical officer on the steamship lines between England and America is grossly inadequate to the service and responsibility of the position. It is said that, on the line which carries more passengers than any other, he is paid less than the chief steward, and the same as the steerage steward and the *fifth* engineer. In this connection it is interesting to note the proportion of deaths to those embarked by each steamship line in 1881:

On the Barrow Line 1 died in every 509 embarked.

" Monarch Line 1	" 751	"
" American Line*1	" 867	"
" Anchor Line 1	" 1346	"
" Guion Line 1	" 1362	"
" Dominion Line 1	" 1435	"
" State Line 1	" 1461	"
" National Line 1	" 1659	"
" Allan Line 1	" 2575	"
" White Star Line 1	" 2754	"
" Cunard Line 1	" 2990	"
" Inman Line 1	" 3313	"

Not included in this rate are the deaths of ten infants born during the voyage, and of fourteen members of the crews, beside seventeen others, composed of passengers and crew, who were drowned or committed suicide.

DR. J. L. CABELL.—It is due to Dr. Cabell to say that his recent paper on pneumonia was written for this journal many years ago; that the demand for a copy of it was so great, that, with but few alterations and revisions, it was given in its original form. The recent questions, as to the etiology, nature, and antipyretic treatment of pneumonia were not, of course, taken up. Not that the author is not fully *au courant*, with the results of modern investigations with modern opinions and treatment etc., but that these questions were not appropriate for a paper written at that time.

GAILLARD'S MEDICAL JOURNAL.

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Scientia et Veritas Sino Timore.

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No. 8.

ORIGINAL ABSTRACTS.

KATATONIA.—Under this title Dr. Kahlbaum, Gorlitz, Prussia, describes (*Die Katatonie*) a distinct form of insanity, the distinguishing characteristic of which is an irregularity, or, as he phrases it, an insanity, of tension, mental and muscular. The first symptom noticed is a change in the temper of the individual. There are, at times, well-marked motions of a rhythmic character, always under the control of the will. Another feature is the cyclical character, maniacal, melancholy, and cataleptoidal conditions alternating with more or less imperfect convulsive attacks; there are also pathetic delusions of grandeur, and a tendency to act and talk theatrically. Erotic manifestations are frequently present, and the ideas then have a religious tinge. At any stage, remissions or complete recovery may occur. If the case is to end unfavorably, periods of excitement and stupidity recur more and more frequently, and the patient dies with terminal dementia. Dr. Kiernan, (*Alienist and Neurologist*, Oct., 1882), in support of Dr. Kahlbaum's views, narrates five cases in detail. Where opportunity is found for post-mortem examination, the appearances are pathognomonic. The disease is said by Kahlbaum to be very rare. Dr. Kiernan found it in about two per cent of the whole number admitted to the New York City Asylum. It is by no means so fatal as would be at first supposed. Dr. Kiernan has seen ten patients recover out of forty-six. This is a large number as the autopsies show "a healed-up hydrocephalus and a basilar meningitis." In Meynert's opinion, the disease is always preceded by a patho-meningeal process, at the base of the brain, and over the fissure of Sylvius. Dr. Kiernan concludes, from his experience with this disease, and with tubercular meningitis in children, that many of the so-called hydrocephaloid cases are really hydrocephalus, and that tubercular meningeal processes are more fre-

quently recovered from than is generally supposed. The duration of katatonia is from two to five years. The treatment should be tonic, and stimulants are of service. Conium is indicated by motor disturbance. The nitrite of amyl has been of benefit in ten cases, and has caused a pleasurable feeling in all in which it has been given. Faradization of the muscles is also recommended. Moral treatment is of importance, as in all forms of insanity.

VACCINATION AMONG THE INSANE.—Dr. M. J. Madigan (*Journal of Nervous and Mental Disease*, October, 1882) says that the effects of vaccination on insanity were of four kinds. In some cases it had a beneficial effect, in others a disastrous effect, in others serious complications resulted, and finally in certain cases peculiar dermic phenomena were produced. The most marked favorable influence was exerted on cases of melancholia actua, attonita and agitata, progressive paresis, some cases of chronic intellectual insanity, and chronic mania with incoherence. In all cases where such influence was exerted, vaccination was followed by a high fever and marked general constitutional disturbance. There was a pretty general eruption resembling variola. On the fever subsiding (in at least ten cases the temperature reached 102° Fahr.), the patient, if a melancholiac, was much more cheerful, and occasionally delusions of persecution seemed to be temporarily in abeyance. One case permanently recovered which had exhibited no change previous to the vaccination, which it is by no means impossible exerted a marked influence. The progressive paretics were attacked by boils soon after recovering from vaccination, and were for a short time rational, but the physical symptoms of the disease remained unchanged. The agitated melancholiacs were quiet and cheerful during the constitutional disturbance from vaccination, but after it had passed away all but two returned to their usual condition. These two improved from that time, and finally recovered.

Three chronic intellectual maniacs were markedly quiet, and talked relatively rational during the vaccinal fever. Four incoherent chronic maniacs talked coherently and relevantly during the vaccinal fever, but resumed their usual condition on recovery. In a large number of cases vaccination exerted a decidedly unfavorable influence. Delusions of infection with syphilis, of loss of identity, of paralysis, of poisoning, and in several cases, of infection with small-pox were found to be much more frequent after vaccination. One patient, indeed, evolved the curious delusion that his enemies had chosen this means of introducing spermatozoa and impregnating him. The toe nails in four progressive paretics dropped off. In one case hæmatoma auris made its appearance during vaccinal fever. In a syphilitic progressive paretic the luetic affection seemed to take on a malignant type. Three atonic melancholiacs who had markedly deficient capillary circulation, suffered from gangrene of the toes and fingers in consequence of vaccination. There were formed in a few progressive paretics large bullæ, which subsequently gave way to ulcers of a very indolent type. In two progressive paretics apoplectiform attacks came on during vaccinal fever. In ten cases of progressive paresis large abscesses made their appearance after vaccinal fever had subsided, on the seat of the pre-existing vaccinal eruption. The hair of a progressive paretic became gray on one side; the eruption from vaccinia remained confined to the opposite side of the body. Two phthisical atonic melancholiacs who seemed to be disastrously influenced as to the pulmonary affection previously running its course without marked febrile disturbance, but thereafter they had marked rises in temperature. One acute melancholiac displayed symptoms of diabetes during vaccinia which, however, vanished on recovery. The dermic phenomena displayed by the patients during vaccinia were very varied. In some the eruption (which in at least forty-two was generalized) displayed a tendency to appear in patches of two or three pustules. In others there was a tendency of the eruption to follow the course of a nerve. In some cases the former vaccination scars exhibited pustules which began soon after, and ran about the same course as the pustules of vaccination.

HYPEROSMIC ACID IN SARCOMATA.—Dr. Winwarter (*Central Blatt. für Chirurgie*, No. 48, 1882) has reported a case in which he used hyperosmic acid parenchymatous injections with marked success in the case of a man who had a sarcoma, the size of a child's head on the right side of the neck, which had such intimate connection with

the great vessels and nerves of the neck that extirpation was out of the question. Hyperosmic acid in a one per cent aqueous solution was injected in three-drop doses by means of a Praraz syringe daily for fourteen days. At the end of this period the tumor had markedly softened; the sloughing part emptied itself through the syringe wounds. These cicatrized well, and at the end of a month no trace of the tumor was left. Similar results were obtained in a case of sarcoma of the shoulder secondary to a humeral excision, and in which an operation was useless. In scrofulous adenitis a similar injection has been of value.

STRYCHNINE IN LOCOMOTOR ATAXIA.—Dr. J. E. Sylvester (*Cincinnati Lancet and Clinic*, November 25th, 1882), claims to have cured a case of locomotor ataxia by the use of strychnine. It is safe to assume that this was a remission of the symptoms mistaken for a cure of the disease.

MORPHINE-USING.—Dr. Obersteiner (*Brain*, October, 1882) comes after an extended examination into the question of morphine using to the following conclusions: First, a real and persistent result after the weaning cure is very often doubtful, or is not obtained. The cure itself under certain conditions may endanger life. Second, in most cases the protracted use of morphia in large doses is followed by mental alterations which may amount to decided insanity.

ELECTRIC CURRENTS AND UTERINE CONTRACTILITY.—Dr. Onimus (*Progrès Médical*, December 30th, 1882) claims that under ordinary conditions it is as difficult to determine uterine contractions by electricity as by other excitants. The reason for this is obvious; the organ under ordinary conditions is, so to speak, in a state of hibernation. When, on the contrary, the uterus is gravid, it is easier to provoke such contractions; but as physiological contractions already exist, the artificial ones are not easily demonstrated. Still these artificial contractions serve a useful purpose in regulating and controlling the physiological.

SYMMETRICAL UTERINE FIBROMATA.—Dr. M. H. Danchez (*Progrès Médical*, December 30th, 1882), claims that the presence of two uterine fibromata, seated at the upper angles of the uterus does not necessarily stop the menstrual flow, although it may be impossible to discover the opening through the Fallopian tubes in the middle of the indurated tissue, and that, contrary to the opinion of Clark, pediculated fibro-myomata receive nourishing vessels very frequently.

CEREBRAL MONOPLÉGIA.—At the meeting of the Paris Pathological Society, Dr. Jean exhibited (*Progrès Médical*, December 30th, 1882) the brain of a man who during life had presented monoplegia of the right lower extremity. This had been regarded during life as due to a spinal lesion. The spinal cord was perfectly healthy, and there was found only a cranial tubercular meningitis with adhesions to the centre of the left paracentral lobule. There was also found cystic tuberculosis and granular tubercle of the lungs. The case is not as pure as Dr. Jean seems to think. The paralysis might have been due to a spinal bio-chemical lesion, such as are not very exceptionally found as a consequence of pulmonary tuberculosis.

TYPHOID LARYNGEAL ULCERATION.—Dr. M. L. Greffier (*Progrès Médical*, December 30th, 1882) reports a case of tracheotomy in a typhoid fever patient performed by means of the thermo-cautery which produced an extensive wound which was regarded by Dr. Greffier as due to the condition of the tissues caused by the typhoid fever. Dr. Cornil was of opinion that the changes found in the larynx were due not to the tracheotomy, but to a typhoid laryngo-tracheitis. He was of opinion that tracheotomy was of doubtful utility in cases of this kind, since laryngo-tracheitis of variolous, typhoid, and rubeolous patients is generally accompanied by pulmonary changes, against which the operation is powerless.

PERTUSSAL ULCERATION OF THE FRENUM LINGUÆ.—Dr. Archambault (*Progrès Médical*, December 30th, 1882) calls attention to the ulceration of frenum of the tongue as a secondary result of whooping cough. The ulceration may be deep, but is, as a rule, superficial. It seems probable that this ulceration is of mechanical origin, due to the rubbing of the tongue. Dr. Delthil, however, claims that this ulceration is a symptom of whooping cough and of dynamic, not mechanical origin. The ulceration is preceded by a granulation soon surmounted by a vesicle which ruptures. Dr. Delthil claims that since the ulceration occurs in babies who have not yet had teeth, it cannot be due to mechanical causes. Dr. Bouffier, who had first noticed that children not yet arrived at dentition had this ulceration, regarded it as due to a peculiar traumatism. The child's mother in drawing the mucosities from the mouth compressed the frenum between the thumb and index. While not committing himself to any opinion respecting its origin, Dr. Archambault regards it as an excellent symptom of pertussis. It requires no special treatment.

NERVOUS SYMPTOMS OF PERTUSSIS.—According to Dr. Archambault (*Progrès Médical*, December 30th, 1882), pertussis causes nervous symptoms which are far from exceptional. Their frequency is in proportion to the youth of the child and the intensity of the disease. When the pertussis is at its height they usually appear. West (*Diseases of Children*) has observed a case very near the onset of the disease, and Dr. Archambault has had similar experience. These neuroses usually present themselves under two varieties: Generalized convulsions and spasm of the glottis, and inspiratory muscles. The latter are very infrequent. Death is not rarely the result of the convulsion, but infrequently occurs from spasm of the glottis. Chloroform inhalations are of great value in both neuroses. Bromides are also of value; at times, in glottis spasm, tracheotomy is required.

ORIGINAL ARTICLES.

REDUCTION OF DISLOCATION OF HEAD OF A FEMUR BY MANIPULATION—DANGER OF HEAD SLIPPING AROUND ACETABULUM UNDER ORDINARY METHOD—NEW METHOD OF OBVIATING SAME. By SAMUEL LOGAN, M.D., Professor of Clinical Surgery and Anatomy, Med. Dept. Univ. La., New Orleans, La.

The report of a case of dislocation into the thyroid foramen, of long standing, and the method pursued in the reduction by Professor Christopher Johnston, of Baltimore, is worthy of serious attention, as illustrating one of the difficulties we may expect in many cases of either anterior or posterior dislocation at the ilio-femoral joint. Its perusal suggests to me the propriety of again bringing to the notice of the profession certain views which have been held by me, for some time, concerning the special kind of manipulation most appropriate to this form of luxation, and which first appeared in print in the *New Orleans Journal of Medicine*, for July, 1868, but which, I had announced in my lectures even before that date.

In Professor Johnston's case, after the second attempt at reduction, by the usual method, he found that the head of the femur had "slipped from the thyroid foramen under the edge of the acetabulum and lodged on its posterior margin." I suppose the doctor means *behind* its posterior margin; for he goes on to say that "the symptoms were merely those of dislocation into the sciatic notch. A first effort, to remedy this secondary dislocation, by ordi-

nary inanipulation, restored the head to the thyroid foramen, from which, however, it was readily made to resume its second position. And now, to prevent further wandering, the pelvis was fixed, and sufficient traction made at the knee to steady the extended thigh, at the same time the leg being bent at a right angle with the thigh, was pulled inward by the foot, so that the femur, rotating the head, slid forward into the acetabulum, but without any snap."

It will be seen that, while the usual plan was being tried, the head actually performed three trips around the lower semi circumference of the acetabulum. We cannot but think that much of the subsequent trouble resulted from this; and we have reason to believe that many of the cases of partial paralysis, resulting from these dislocations, are caused in this way, the head of the bone injuring the great sciatic nerve as well as the other soft tissues. The profession owes its thanks to Dr. Johnston for the honesty with which he reported this case. It illustrates markedly one of the main dangers incident to the ordinary process of reduction by manipulation, and had not the doctor so soon perceived the true bearings of the case, and so promptly called upon his own resources to meet the emergency, still greater injury would probably have been inflicted. If he had continued his efforts according to the stereotyped plan, the head of the bone, with increasing facility, would have repeated its tour as often as the attempts at reduction were made.

I do not propose to criticise the method by which he ultimately succeeded, but intend in this article only to invite attention to the one I have myself suggested and practised, and which I cannot but think will be found most appropriate.

This danger of the stopping of the head of the femur round the rim of the acetabulum, during the efforts at reduction by manipulation, as ordinarily practised, was the subject of a paper by G. W. Callender, F.R.C.T., first published in the *Lancet* and republished in the *New Orleans Journal of Medicine*, for July, 1868. In this paper Dr. Callender also suggested a plan of procedure by which he thought the danger could be obviated, the particulars of which the reader may find in the paper alluded to.

In the form of a note, appended by myself in my editorial capacity, to the republication of Dr. Callender's paper (*New Orleans Journal of Medicine*, July, 1868, p. 563), I used the following language: "The danger alluded to by this writer can be readily obviated, without the necessity of extending the limb, by availing ourselves of the anterior border of the pelvis as a fulcrum, by

which the head of the femur may be lifted over the rim of the acetabulum. When, in the common method of reduction by manipulation, the thigh has been flexed on the abdomen, the limb is arrested from further flexion by coming in contact, at a point corresponding to about the junction of the upper and middle third of the femur, with that portion of the pelvis just below the anterior superior spine of the ilium, covered of course by the soft parts. If this fact be borne in mind by the surgeon and *forced flexion, to even a slight degree, be combined with, or slightly precede the rotation*, the femur at about the junction of its upper and middle third is pressed against the border of the ilium as a fulcrum just below the anterior superior spine of the same, the inevitable result is that the head is lifted over the head of the acetabulum, when the slightest rotation—outward for any form of posterior, and inward for any form of anterior, dislocation—will, with the assistance of the muscles, etc., throw the bone into place. The dynamics of this special method of effecting reduction in such cases will be at once perceived by going through the process on the skeleton. I have easily put it in practice with marked success in a case of dislocation on the dorsum of the ilium in the Charity Hospital in this city."

The fact that the above-described plan appeared only in the form of a note to an accepted article in the journal mentioned, accounts, in all probability, for its not having attracted as much attention as the importance of the subject seems to me to demand, and I have, therefore, thought it best to offer these few remarks for publication in the same journal in which Professor Johnston's case is reported. I will only add, in conclusion, that an analogous idea to the one I have advanced has evidently also occurred to Dr. George Sutton, of Aurora, Indiana. This gentleman suggests (in the *Western Journal of Medicine*) that the head of the femur be lifted over the rim of the acetabulum by means of a fulcrum, composed of a roll of cloth or the arm of an assistant, placed in the groin, for the purpose. Should I ever fail by my plan I shall certainly adopt this suggestion. We must remember, too, that both of these plans bear some resemblance to the old method of using a pillow between the thighs as a fulcrum for a similar purpose.

THE BLOOD IN INFLAMMATION. By DR. T. E. MURRELL, Little Rock, Ark.

Having recently read in the December number of *The Western Medical Reporter* an article on "The Pathology of the Blood in Inflammation," by James

T. Davidson, M.D., Liverpool, I am prompted to report the following case in confirmation of his observations of the great increase in the proportion of the white corpuscles of the blood in local inflammatory conditions.

It has been my experience for several years to note the varying number of white corpuscles in the blood in different morbid conditions, but never have I seen so striking an instance as the one about to be related.

Mr. W—, aged 39, farmer, came some thirty miles just before Christmas in a wagon to Little Rock, for the purpose of trading. Stopping at a house just before reaching the city to spend the night, he was taken in the night with fever, headache, and swelling of the face, more especially of the eye-lids. The next morning he came into the city and called on a dentist, thinking his trouble came from a tooth, and was referred to me by this gentleman as an eye patient. When he came to my office, I found him with considerable fever, a feeble, quick pulse, œdema of the entire upper portion of the face, more marked in the eyelids, of a hard, brawny feel, and sort of dusky red and tender to the touch; a heavily-coated, dirty brown tongue and offensive breath; bleeding from the nose, headache, anorexia, tremulousness and prostration. I pronounced his case one of facial erysipelas, and feared it would assume the phlegmonous form.

He had determined to start home as he came, in a wagon, against which I cautioned him, as it was cold and wet, but persuasion failing, I enjoined certain precautions and ordered him *tr. ferri chloridi* gtt. xv. every two hours, and the following with which to keep the face painted.

R Tannin, Camphor *aa* 3 j, Etheris 3 j.

He fell by the way, as was expected, and sent back to the city for a physician who visited him until his recovery; from whom I learned he went through a rather severe facial erysipelas with quite profound constitutional symptoms, and from which he entirely recovered.

As is my custom in all serious constitutional disorders, I examined his blood with the microscope. I have never seen a specimen containing so large a proportion of white corpuscles. I had no hæmacytometer with which to make accurate calculations, but estimated that there were from twenty-five to thirty to one normally. In some places as many as one hundred were counted in a single field, and almost one for one of the red corpuscles. They exhibited their usual tendency to stand aloof from the red corpuscles, and were disposed to aggregate in clusters of twenty-five or thirty or more. Morpholog-

ically they were in no way different from the usual leucocytes of the blood.

Another very striking feature in this specimen of blood was the extreme stickiness of the red corpuscles. They adhered to one another so tenaciously as to be drawn out into mere threads rather than separate, thus forming a network of ropy and threadlike structures and confused masses, in which the individual corpuscles were mostly lost to view.

These were the chief peculiarities, not to mention some less conspicuous.

So great were the changes in the histological structure of the blood that I entertained serious doubts as to the final recovery of the patient, and was very glad to have been afforded the opportunity of obtaining the history of the case to its termination.

If the appearances of the blood can be taken as an indication of the gravity or grade of inflammatory action, this case would certainly have foretold serious consequences; but as he was put on treatment early, there is certainly cause for congratulation on behalf of the efficiency of well-directed therapeutics.

The treatment I prescribed had been faithfully carried out, and was continued by the physician next in charge.

What limit can be put to pathological appearances of blood, consistent with life is a matter difficult to determine. I have seen cases of phthisis where the blood was so broken down and altered that it seemed hardly credible that nutrition could be sustained through such a medium, and yet the patient has rallied, gotten up and gone about, gained flesh and vigor, and survived a considerable while. And in chronic diarrhœa, the blood is sometimes so hydræmic, the corpuscles so pale, few in number and lifeless looking, that it is a marvel how life is sustained; and still the patient may live on for months in this condition, and possibly get well. But in such instances life is suspended by so fragile a thread that the smallest disturbing force will be sufficient to part it.

Neither do such extreme conditions render any the less important minor changes in the blood, since one wrong process may rapidly develop others by the law of mutual interdependence that governs the human economy in its entirety, and form a chain of morbid actions that may end in dissolution.

It is to be hoped that further observations of blood changes in disease will be recorded, in order that investigation may be stimulated in this particular field, from which there is most certainly to be developed in the course of time an aid to diagnosis far more important than many are now disposed to believe.

SELECTIONS.

MERCURIALS IN DISEASES OF THE LIVER.—After having been in use among all ranks and classes of society for generations, mercury may be still looked upon as the physician's mainstay in the treatment of the majority of liver cases. Every housewife knows that a dose of calomel at bed-time, followed by a black draught in the morning, will suffice, in the vast majority of cases, to cure an attack of biliousness in twenty-four hours after its administration. At the present moment a change has come over the spirit of the physician's mercurial dream, and the poor old drug has been placed at the bar like a suspected criminal "on trial," on account of experimental physiologists having found, that when administered to the canine species, it does not behave itself in what, according to old-fashioned notions, might be called an orthodox manner.

The hostile therapeutists stand opposed to each other thus: Those of the practical clinical school declare that mercury is a powerful hepatic biliary stimulant, while those who adopt the views of the experimental physiological school as emphatically declare that mercury has no effect whatever in exciting or increasing the biliary secretion, either in men or in dogs. Now comes the question which side is right, and which side is wrong? Both sides most assuredly cannot be right, though both sides equally certainly may be wrong.

Mercury, it is said, might be a powerful hepatic biliary stimulant in the human, and perfectly inert in the canine species. This opinion was arrived at by a process of reasoning from analogy. For it is not only well known, but a perfectly incontrovertible fact that not only one, but many therapeutic and toxic substances act not alone with varying degrees of intensity, but even in a diametrically contrary manner, when administered in precisely the same form and in the same way to different species of animals. I could easily cite a dozen of examples of the action of the different poisons in proof of this statement; but it is quite unnecessary for me to do more than remind the reader of the well-known and most extraordinary one, that goats eat hemlock with impunity, while sheep instantly succumb to its poisonous action. Nay more, that the milk of the goat fed on hemlock leaves poison the adult human being—while the little delicate kid not only relishes, but actually thrives, upon its mother's poisoned milk. It is perfectly evident then, that the contradictory effects of poisonous substances when administered to different species of animals, may, with an apparent good show of reason, be given as true explanations of the con-

tradictory results obtained from the action of mercurials on human and canine livers.

This explanation does not at all satisfy me, for I have yet to be convinced that mercury *does* act differently upon dogs from what it does upon men. My experiments upon the toxic effects of mercury both in suddenly administered large doses, and with insidiously daily administered small doses, varying in duration of time from 14 to 120 days, have led me to the belief that the action of mercury on the liver of the dog is precisely the same as it is upon the liver of the human being. For be the rationale of the action of mercury upon the human organism what it may, I hold it as an undeniable fact, that after the sudden administration of large doses of mercury to healthy dogs as well as to healthy men, a variable but always considerable increase of bile is detectable in the *fæces* both by the pigmentary and bile acid tests.

I do not imagine that there is a single person who has taken part in the discussion that will seek to deny that, after a smart dose of mercury, not only do the human *fæces* look as if they were loaded with bile, but that the patient even occasionally complains that the passage of the stool through the anal orifice has produced a feeling of smarting, or hot scalding, which smarting can be due to nothing else than the irritation produced by an excess of the bile-acids in the stool. Moreover, I think that no one at all versed in the literature of liver diseases will seek to deny that several independent observers are said to have noticed that an increased flow of bile has taken place from an accidental human biliary fistula after the administration of a brisk mercurial cathartic to the patient. Every one will, I believe, at the same time admit that neither an increased elimination of bile by the stool, nor through the fistulous opening directly connecting the gall bladder with the exterior of the body, is any proof whatever of an increased secretion of bile by the liver having taken place, but is merely positive proof that an increased excretion of bile has occurred, and that in either case the expelled bile may not have been issued, and most probably did not issue directly from the liver at all, but only from the gall-bladder, which had received it from the liver some time previously, and had it stored up in its interior ready for excretion at any given moment.

Not only may bile be secreted in great quantity, and yet not excreted in consequence of the gall-bladder—its reservoir—being sufficiently capacious to retain it; but a large quantity of bile may be excreted at a time when little or none at all is being secreted; that excreted, being merely the bile that has been secreted some time previously, and been retained stored

up in the gall-bladder, as above said, until the proper moment for its excretion arrived. While again, according to my views of the matter, this excretion of pent-up bile independent of secretion may be entirely due to the brisk action of a mercurial—in the following wise :

Bile is only expelled from the gall-bladder as a result of the mechanical effect of its contraction. Its muscular contraction is called into play by reflex nervous action. And, in the normal state at least, this is brought about by the periodic stimulus given to the peristaltic action of the duodenum during the passage through it, of the irritating acid chyme—from the stomach. The stimulating effect of the acid chyme on the muscular coat of the intestine being communicated by reflex action back along the common bile duct from its duodenal orifice, to the muscular coat of the gall-bladder, which in its turn is thereby excited to contraction, and expels the necessary amount of bile into the intestines to play its physiological chemical *role* in the digestive process, by which mechanical contraction of the gall-bladder, moreover, its contents—bile—if not expelled, under the normal circumstances, along the common bile-duct into the duodenum, may be under the abnormal circumstances expelled through a fistulous opening in the abdominal walls, directly to the exterior of the body, and give rise to the condition that has been described as above by different observers. In opposition to the latter part of this theory, again, we have the, at first sight, apparantly irreconcilable statement of experimental physiologists, that mercurials have *no effect whatever* on the quantity of bile eliminated through a biliary fistula in a dog. How is this? To me it appears to be not another example of scientific discord, but simply of scientific “harmony not understood.” And now for the explanation. What is it that the experimental physiologists tell us? Merely this, that when a dose of calomel is given to a dog with a gall-bladder fistula, after the common bile-duct has been secured by a ligature, in order to prevent any bile escaping unnoticed into the intestines, *no visible* increase takes place in the quantity of bile flowing from the orifice of the fistula. Now, this is of course a perfectly conclusive statement. But of what? Certainly not that the administration of a dose of calomel does not produce bilious stools, either in a dog or in a man, but merely that a dose of calomel does not increase the *se-cretion* of bile by the liver, which is quite another thing. The emptying of a distended gall-bladder of its bile being a thing which a dose of calomel *can do*. The stimulating of a healthy liver to *se-crete* bile being a thing which a dose of calomel *cannot do*. * * *

As every medical practitioner well knows, when he administers a sufficiently large dose of a cathartic mercurial to a bilious individual, a large, black, tarry stool comes away.

Look again at the effect of calomel on the stools of a child at the breast. Normally, the stools are of a pale straw color; but give a dose of a mercurial, and immediately they become of a distinctly bilious green hue, the bile being in many instances in sufficient quantity and sufficiently concentrated to scald the anus during its exit. It is not, however, the bile which has just been *se-creted* that then alone comes away, but the accumulation of thickened tarry bile, which has been, perhaps for days or weeks, stored up in the gall-bladder, that the mercurial has all of a sudden expelled from the viscus, the sudden expulsion of the accumulated bile from the gall-bladder being due to the stimulating effect of the mercurial on the peristaltic action of the duodenum; its irritative, or, physiologically speaking, stimulative effects on which being communicated, by reflex nervous action, along the bile-duct to the gall-bladder, and thereby exciting to immediate contraction its muscular coat. By which contraction the biliary contents of the viscus are suddenly expelled into the intestines, and give origin to the tarry bilious stools.

While giving this as my theory of the immediate effects of mercury on a bilious patient, it is by no means all that I have to say upon the rationale of the curative effects of mercury in hepatic diseases. An equally important and more intricate one has now to be considered, namely, its beneficial action in all the various forms of congestion of the liver, and consequently, of course, in all cases of jaundice the result of hepatic congestion.

While admitting that there is sufficient evidence derivable from physiological sources to prove that mercury has no power to stimulate the normal liver to secrete bile, I shall now endeavor to prove that I am justified in holding and in promulgating the theory that in certain cases of diseased liver, where the biliary secretion is retarded, or even arrested, in consequence of a congested condition of the tissues of the liver, mercury has a powerful, though only an indirect, effect in restoring the biliary secretion. Not alone in the human, but equally so in the canine, bovine, and equine species. And this it does, I believe, by means of its antiphlogistic action upon the hepatic capillaries; by subduing, if not indirectly actually removing, the condition of the blood vessels, it relieves the secreting structure from the mechanical pressure arising from the congestion of the blood vessels, which prevents the hepatic cells from secreting bile. * * *

The further beneficial effect of mercurials, in many other forms of hepatic derangement, appears to me to consist in a great measure in the powerful repeated doses—even small doses—of mercury have upon the blood, particularly on its red corpuscles. A large dose of mercury, by inducing liquid stools, not only reduces to a certain extent the total volume of blood in the circulation, but it at the same time impoverishes the blood by its disintegrating power on the cell-walls of the red corpuscles, and thereby allowing their nutritive contents to escape. Small doses again—not large enough to produce purging—though they may not directly reduce the total volume of the blood, still nevertheless act by impoverishing it. For no matter however small a quantity of mercury finds its way into the circulation, I believe from the results furnished to me by my experiments on the action of mercury on animals, that a directly proportional impoverishment of the blood invariably takes place. Sir Thomas Watson has poetically said that mercury can blanch the cheek of the rose to the whiteness of the lily, and nothing, I believe is more true. For in experimenting on animals, I have found the prolonged use of mercury reduce the red blood corpuscles in a marked manner; reckoning by the eye when they are viewed through the microscope, I should be inclined to say, at least one fourth. From this it is easy to understand how mercury acts in inflammatory affections; and as in the majority of cases of jaundice from suppression, the stoppage of the biliary secretion is due to active congestion of the liver, mercury proves beneficial in such cases, not by directly stimulating the suppressed biliary secretion, but by simply removing the obstacle to its re-establishment, namely, the hepatic congestion, in the two ways just indicated.

* * * * *

Like most other men actively engaged in practice, I have three favorite grades of mercurials, of gradually decreasing strength, suitable for patients of different ages, sexes, and constitutions.

At the head of the list stands our old and venerable friend Calomel, in his from three to six grain doses. Next in order of sequence comes blue pill, which again in its turn is followed by the less severely acting gray powder. One and all of these to be given at bed-time; but *not to be followed in the morning by a purgative*—as was the almost habitual practice some years ago—unless the bowels will not act within twelve hours without one. Severe purgation I have over and over again found to be not only uncalled for, but even detrimental, in all except fat, fleshy plethoric patients, who appear to require reducing. All that is required—unless we desire to salivate—

being to cause one free and copious action of the bowels. Not half a dozen, as was formerly considered to be requisite. Consequently, before telling a patient to take opening medicine in the morning after a nocturnal dose of mercurial, I always inquire if the bowels are easily moved, and unless they are not I prescribe none—except he be at the same time a person of the above-described constitutional type. Should I consider a matinal purgative desirable, then I usually select the one the patient is most accustomed to, regulating its strength according to circumstances, but in all cases giving strict injunctions not to take the purgative along with the mercurial at night. For I have the idea that no matter in what form the mercury be given, it always acts best upon the biliary function of the liver, through its direct action upon the blood when administered alone. If, however, prescribing for a trifling bilious attack, I pay no attention to this rule, and may advise a five grain pill of equal parts of ext. colocynth and blue pill to be taken at bed-time; but whenever I desire to act on the biliary function of the liver thoroughly, I give the mercurial alone, following it up with the purgative, when necessary, eight or ten hours later, with the view of simply increasing the peristaltic action of the duodenum, and by reflex action stimulating the gall-bladder to contract more powerfully and the better be able to expel its bilious contents. Moreover, for a precisely similar reason—namely, non-interference with the cholagogic action of the mercury—it is that I prefer giving it on an empty stomach. For if the stomach is loaded with food when the drug is taken, or if food is introduced into the stomach after the mercury has been administered, and before it has had time to produce its therapeutical action through the blood on the liver, not one half of its beneficial effects are, I believe, obtained.—*N. C. Medical Journal.*

IMPORTANT CHANGE IN THE STRENGTH OF OPIUM AND ITS PREPARATIONS.—The revision of the U. S. Pharmacopœia of 1880, now just issued, makes a great increase in the strength of the official opium; and as it does not make a corresponding change in the proportions of the formulas for the preparations, these all become very much stronger, the principal liquid preparations being about one half stronger.

In the instructions of the Convention to the Committee of Revision (see page 22.), the Convention directs that “In the liquid opium preparations, excepting paregoric, the strength of 10 per cent shall be adopted, if found advisable.” This has been found advisable, and has been adopted, and, had the strength of opium remained as before, this change

would have increased the strength of the preparations about 10 per cent, as stated in the "Table exhibiting differences of strength," found at page 454. But this statement, if regarded alone, is misleading, because this is not the entire difference in strength, nor the greatest difference. The real or entire difference is this one, plus the difference in strength of the powdered opium used in the formulas; while the difference in strength of powdered opium is very indefinite in both Pharmacopœias. It is only less indefinite in the new one because there it is possible to get an average strength, which average is about 40 per cent above the minimum strength of the revision of 1870.

This change is a very much needed step in the right direction, and, if it can be promptly made known and be generally recognized, its advantages will soon be realized. There has always been much confusion and uncertainty in the strength of opium and its preparations, because the strength of the officinal opium was so indefinite, and for a time this confusion may be increased; but if the new Pharmacopœia be followed, the results must be important in the interest of more accurate medication by this very important drug.

The Pharmacopœia of 1870 says that its "opium, when dried at 212° until it ceases to lose weight, should yield at least 10 per cent of morphia by the officinal process." This "officinal process" is the Staples process, which, although by no means the best process of assay, does, under careful management, give account of nearly all the morphia. A powdered opium slightly above this 10 per cent standard gives, by the 1870 formulas, to officinal Tincture, and Deodorized Tincture of Opium, a strength of 4 grains of morphia, equivalent to 5.33 grains of crystallized sulphate of morphia in each fluid ounce, and this has been considered to be the officinal strength of these preparations, and has been adopted in the practice of the writer for many years, the compound solution of opium being made of the same strength.

The present Pharmacopœia of 1880, just issued, says its powdered opium "should contain not less than 12 nor more than 16 per cent of morphine when assayed by the process given under opium."

This process of assay in the hands of this writer, and probably in the hands of most other pharmacists, does not give an account of all the morphia in opium by from 1 to 2 per cent. So that the true application of the Pharmacopœia definition in ordinary practice gives an opium which really contains 13 to 17 per cent of morphia, the average being 15 per cent. But if its preparations be made by its new

formulas, a 12 per cent powder will give them 5.44 grains of morphia in each fluid ounce, while, if a 16 per cent powder be used, the preparations will contain 7.25 grains—a difference much too great for any accurate therapeutic application. Hence the adoption by the writer of a uniform and definite intermediate proportion of 6 grains in each fluid ounce, equivalent to 7.5 grains of sulphate of morphia; and this is just one half more than the old standard of 4 grains in each fluid ounce. The new standard gives one grain of morphia in each 80 minims, or one grain of sulphate of morphia in each 64 minims, making 16 minims the equivalent of a quarter of a grain of the sulphate.

This uniform proportion will give very effective and accurate preparations, well adapted to that precision of dosage that best guards against over-effects.

If heretofore the full anodyne dose of tincture, deodorized tincture, or compound solution of opium has been 24 minims, or say 38 drops, representing a quarter of a grain of sulphate of morphia, the corresponding dose of the new preparations will be 16 minims, or say 25 drops.

This is a large and important change of dose, and, although not perhaps very dangerous under ordinary circumstances if unrecognized, yet it would add its hurtful effects to the too common overdosing by opium and its preparations, and headaches, nausea, etc., would be more severe.

It is now, of course, more important than ever that the label of every package of opium and its preparations should give the morphia strength of its contents; and each pharmacist and physician should carefully examine the labels to know just which they are dispensing and prescribing, whether the 1870 or the 1880 preparations. In the use of powdered opium they have long been subjected to variations as great as those without knowing it, but the liquid preparations, which are far more largely used, were rarely over four grains the fluid ounce, and were generally below this. And it is possible, if not very probable, that in common practice they will continue to be of such strengths, despite the authority of the Pharmacopœia, and the labels will not have the strength stated on them.

There are, however, many pharmacists who, with the writer, will strive to uphold the present change of standard, and who, as their old stocks of the former strength give out, will replace them by the new with revised labels.

Of course, a pound bottle of the new preparations will be equal to a pound and a half of the old, and will cost as much, but there will be a saving in the cost of bottles, transportation, and storage room, and

the country practitioner will carry a better supply in his pocket case. But by far the greatest advantages will be the smaller dose and improved accuracy of the preparations, and therefore the improved medication under their use, while no serious accidents need occur if ordinary caution be taken.

In physicians' prescriptions, where, for example, deodorized tincture of opium is ordered, the figures "1870" or "1880" should be added, and he should give his dispensing pharmacist the liberty of using whichever preparation he might have in the proper proportion of $1\frac{1}{2}$ to 1, until the change becomes established. That is, if 24 minims of the 1870 should be ordered, the pharmacist should use instead 16 minims of the 1880, if he happens to have the new and not the old strength.

As the old preparations and the new are identical, excepting the morphia strength, it is only necessary to dilute two measures of the new preparations with one measure of menstruum to reduce them to the exact strength of the old preparations.

For diluting the tincture of opium or the deodorized tincture of opium, diluted alcohol should be used.

For diluting the compound solution of opium, alcohol should be used.

It will, of course, be some time before the new strengths get into anything like general use, but it is to be reasonably expected that the careful and thoughtful physician and pharmacists will at once seek to avail themselves of them, and the sooner the better, if with due care and knowledge.

This note is hastily written in order to publish it at the earliest opportunity, the whole object being to give prompt notice that all opium preparations made in strict accordance with the new Pharmacopœia of 1880 will be about one half stronger than they were formerly, and that this writer will so make them.

Although, by courtesy of the Committee of Revision, the proof sheets of the new revision passed through the writer's hands before the publication of the work, he failed to realize the extent of this change until he came to make the preparations in question by the new formulas, which are now authoritative for strength.

It is, therefore, not improbable that others might overlook them, and hence the utility of a prominent and prompt notice, and it is hoped that the medical and pharmaceutical journals will at once give the subject a prominent place in their pages.—E. R. SQUIBB, in the *Ephemeris*.

SELECTED ABSTRACTS.

HÆMOPHILIA.—Dr. Thos. D. Dunn reports a number of cases of this disease in the *American Journal of the Medical Sciences* for January, 1883, from which he draws some interesting conclusions. Thus, he shows that sex is an important predisposing cause in hæmophilia, females being much less prone to the disease than males, and in women, also, the danger to life is much less marked; the females, however, of bleeder families, even though themselves exempt from the disease, are much more apt to transmit the tendency to hæmorrhage to their children than are the males, even when themselves bleeders. Dr. Dunn also points out that there are three forms of the disease: 1. The aggravated form, in which there is a tendency to severe spontaneous, traumatic, and interstitial hemorrhages, associated with swelling of the joints. This form, seldom seen in females, generally lasts throughout life, and usually is the cause of death. 2. The intermediate form has no tendency to the joint affection or traumatic hemorrhages, but frequent spontaneous ones from mucous surfaces and subcutaneous ecchymoses. This form frequently disappears at puberty. 3. The third form is lowest in degree, and seen only in females; it manifests itself in ecchymoses, and in early and prolonged menstruation.

THE ADVANTAGES OF A DRY LOCAL TREATMENT IN OTORRHŒAL DISEASE.—One of the greatest hindrances to cure in an ear disease accompanied by otorrhœa, whether the disease be due to inflammation in the auditory canal or middle ear, is the presence of granulations and polypoid growths. Yet one of the oldest forms of treatment of otorrhœal disease has been by copious syringing and instillation of various fluid medicines. Hence, in such treatment of this class of aural diseases, moisture has been repeatedly applied to, and kept in the ear, a naturally heated locality. Now as heat and moisture tend to promote granulations and keep up a discharge, it is very apparent that a moist treatment of otorrhœa in many instances has a tendency to keep up rather than to check the morbid discharge from the ear.

On these grounds, therefore, Dr. Chas. H. Burnett, in a paper with the above title, in the *American Journal of the Medical Sciences* for January, 1883, holds that the syringe and all forms of drops should be omitted from the home treatment by the patient in cases of otorrhœa. The most the patient should be directed to do is to dry his ear according to its need, by running into the canal and down to the fundus a twisted pencil of absorbent cotton. The

surgeon is to use the syringe only when it is absolutely necessary to remove by it the matter from the ear, and thus prepare the organ for the application of medication by his hand. This latter part of the treatment should consist in the blowing of powders into the ear. Of these, Dr. Burnett recommends one prepared by triturating equal parts of tincture of *Calendula officinalis* with boracic acid (gr. to minim), allowing evaporation, then rubbing one part of the thus calendulated boracic acid with one or two parts of pure boracic acid. Alum should not be used, on account of its tendency to produce furuncles. Comparative tables are given, which show that by the dry method of treatment the average duration of treatment may be shortened from 212 days under the old plan, to 34 days by the dry method.

THE ANTISEPTIC AND PHYSIOLOGICAL ACTION OF RESORCIN.—From some experiments made by Dr. W. B. Platt (*American Journal of the Medical Sciences*, January, 1883), it appears, taking the *minimum* time in each series, the bacteria developed in 20 c. c. of urine exposed to favorable conditions, and that 0.050 grm. of resorcin has no appreciable influence, bacteria developing within eighteen hours.

Twice that quantity (0.103) kept urine free from bacteria twenty-four hours, six hours longer; while 0.150 deterred their development to four days, urine without any addition showing bacteria within eighteen hours.

If urine be *boiled*, organisms are found usually considerably later, forty-six to sixty-five hours.

0.050 gramme of carbolic acid hinders development of other *living organisms* (large enough to be detected by a power of 550 diameters) in boiled urine at least twelve days, bacteria eighteen days, the usual bacillus not developing at all. While 0.150 of *resorcin* (about $2\frac{1}{2}$ grains) hinders development of bacteria four days, one third that amount of carbolic acid preserves a similar amount of urine free from organic life, under similar conditions, three times as long.

Some experiments made to determine the physiological action of resorcin, showed that in six warm-blooded animals it caused—

1. Restlessness and trembling.
2. Rapid respiration very early in rabbits. Early and very marked after a lethal dose in one dog, later after a lesser, but fatal dose, in another. Not marked after non-lethal doses.
3. Staggering, unsteady gait, loss of co-ordination, especially in hind limbs, present early in all the animals excepting one rabbit where a small dose was exhibited.

4. Twitching of muscles, especially of hind limbs, constant in all.

5. Clonic contraction of nearly all flexors and extensors of body, more especially of those attached to the pelvis and shoulder.

6. In the animals that died, the imitation of the natural running or hopping movements before death, as the animal lay upon its side, was striking.

PERIOSTEAL OSTEOID SARCOMA OF HUMERUS—AMPUTATION AT SHOULDER JOINT—RAPID RECURRENCE—SUBSEQUENT EXCISION OF ENTIRE SCAPULA AND OUTER EXTREMITY OF CLAVICLE—RECOVERY. DR. W. J. CONKLIN reports this interesting case in the *American Journal of the Medical Sciences* for January, 1883.

The following is the history: The growth began, about six years ago, as a small nodule upon the outer side of the arm, just below the insertion of the deltoid. It increased in size very slowly, and caused little inconvenience until she became pregnant, fifteen months ago, since which it has grown rapidly, and is the seat of frequent and very severe paroxysms of pain. The tumor is hard and resisting, excepting in one or two circumscribed spots, in which slight elasticity is detected, distinctly lobed, and involves the greater portion of the shaft of the humerus. An osteoid sarcoma having a periosteal origin, and, therefore, probably malignant, was diagnosed, and immediate amputation of the arm advised. At this time, it would have been an ordinary shoulder amputation, as the upper extremity of the humerus was not implicated in the disease. She, however, refused the operation, and did not again come under observation until January, 1882.

In the eleven months which had intervened the tumor had nearly doubled in size, and had extended upward so as to encroach upon and, indeed, project over the humero-scapular articulation. The diseased arm gave a circumference of seventeen inches at the insertion of the deltoid, and nineteen inches and a half on a line with the axilla, while the measurements, at corresponding points on the sound arm, were respectively nine inches and ten inches. The extremity of the acromion process could not be distinctly outlined. The scapula moved freely with the arm, but the motion at the shoulder-joint was very limited, due, as was subsequently ascertained, to two outgrowths from the under surface of the tumor which impinged upon the neck of the scapula. The patient suffered intensely, and was now eager to submit to any operation. It was proposed to remove the arm at the shoulder-joint; and in case the scapula should be implicated to proceed at once to the removal of all

diseased portions. The manner in which the tumor overlapped the joint rendered it impossible to expose the articulation in the usual way.

Amputation at the shoulder-joint was accordingly performed, but in three months the disease reappeared in the scapula; this bone was then excised, and recovery took place, and four months after the operation there had been no return of the disease.

PROCEEDINGS OF SOCIETIES.

At the January 22d, 1883, meeting of the Chicago Medical Society, Dr. J. G. Kiernan read a paper on "An Historical case of Gouty Insanity." He said: Medico-historical studies are the order of the day, and at the risk of intruding a little on the scientific work, properly so called, of the society, he had concluded to report a case of interest from its ætiology, perhaps, but certainly of great interest from its historic relations.

The relations of gout to insanity have been but little studied, still there are sufficient cases on record to permit analysis of the symptoms of the case he proposed to bring before the society. An anonymous author, writing in 1699, who recognized certain relations of gout and insanity, proposed to cure the latter by giving the patients gout. Sydenham* called attention to the fact that gout often alternated with vacillation, with lack of energy, depression and other psychical symptoms. Berthier† records twenty-two cases, in which gout and insanity were associated; one was a case of stupor, one presented depressing delusions, two were cases of melancholia, three dements, four were not well defined, six were monomaniacs, and five were progressive paretics. Six presented evidence of heredity, twelve cases were consecutive to gout; in eight cases alternation was present, and in two cases gout and insanity co-existed. The majority of the patients were males. Dr. Berthier concluded: First, that gout may become the source of various neuroses, many of them affecting the sight; Second, that the psychoses dependent on gout are more commonly metastatic and alternating, though sometimes connected with a condition of the system which predisposes to the development of latent psychoses; Third, gouty insanity is sometimes associated with anomalous gout; Fourth, sometimes the gouty symptoms become lost in the insanity, which then becomes incurable; Fifth, gout has an established place in

the ætiology of insanity; Sixth, it produces certain types more frequently than others; Seventh, the diagnosis of gouty insanity is to be drawn from heredity, the patient's antecedents, the previous relations of the psychosis to gout and the urine.

Bucknill and Tuke have made similar observations. Dr. Williams had under observation a case in which attacks of suicidal depression, alternated with attacks of gout. In the case of an ex-Irish fox-hunter, at one time under Dr. Kiernan's observation, attacks of vacillation, of extravagance, and of depression alternated with or rather replaced gout; for when in the midst of the patient's mental disturbance gout made its appearance, the psychical phenomena disappeared. The mental symptoms in this case were relieved by the use of colchicum. Such, in brief, are the relations of gout to insanity, and now for their application.

William Pitt, first Earl of Chatham, is known wherever English is spoken. His name is associated with the American Revolution in the strange position, for an Englishman, of an advocate of the principles on which it was based. A man of firm will, a man of whom Frederick the Great said, "England has been long in labor, but she has brought forth a man." It may seem strange to associate this great name with mental disease, yet of such association history leaves no doubt. As authority for the facts, he cited Macaulay's Essay. At a critical period in the history of England, Pitt was for the second time called on to form a ministry, and he, a whig of the whigs, seemed, in his veneration of that case of episodial primary monomania, George III., to become the most servile of Tories, and join that despicable set, the "King's Friends." What was his mental condition at this time? His eloquence was as splendid as before, but his habits had become bizarre. He dreaded loud sounds. Ordinarily the most affectionate of fathers, he kept his children away from him, from fear of noise.

He bought at extravagant prices all the houses around his house at Hayes, to avoid noisy neighbors. He then suddenly sold Hayes, bought a new villa at an enormous price, and began as before to purchase houses right, and left, simply to prevent his having neighbors. He suddenly ordered a marshy tract of ground to be planted with cedars, which had to be done with great speed, and so was carried on during the day, and at night by torchlight. Hitherto abstemious, the profusion of his kitchen became the wonder of epicures. He accepted an earldom, seriously diminishing his political prestige. He made blunders in choosing ignorant men to take charge of important measures, and in the midst of the confusion he

* Opera Omnia.

† Annales Medico-Psychologiques.

thus produced, he suddenly went to a country town and shut himself up for weeks in his room. He insisted that every servant of the inn should wear his livery. He suddenly returned to London, but would not see any body. He vacillated, was not able to do anything, and was, therefore, to his delight, not consulted by his colleagues in the ministry. His ministry was vigorously attacked by Burke and others, but Pitt could see no other means of reinstating himself in public confidence than to repurchase Hayes. This was done, and he was somewhat easier; but if business was spoken of, he, the stalwart ally of Frederick the Great, burst into tears like an hysterical girl.

For the first time since he was a boy at Oxford, he had passed two years and a half without a tinge of gout. It had been suppressed, by medication, immediately before the first appearance of the mental symptoms just described. The gout returned in his feet, and Pitt awoke as from a dream. He was once more determined, daring and active, but during his illness every one of his principles of foreign and domestic policy had been violated by the ministry formed by him. The colonies had been taxed. That cunning monomaniac, George III., had, by his crooked intrigues, set England in a flame, and had forever separated the United States from the English Empire. It seems almost idle to speculate on what might have been, had Pitt been himself all this time. The American colonies, who loved and trusted him, might not have separated themselves from England, since he would have granted self taxation. The whole face of the world has perchance been changed because of the non-recognition of his insanity.

Dr. Hollister said that while he had observed temporary mental phenomena from gout during the gouty paroxysm, the alternative idea was something new to him.

Dr. Paoli said that the insanity during the paroxysm was evidently due to pain, while the phenomenon referred to by Dr. Kiernan was evidently of a metastatic nature.

Dr. Kiernan said that Dr. Paoli had anticipated his explanation. That gout did produce insanity under the circumstances mentioned by Dr. Hollister, and from the cause mentioned by Dr. Paoli, there could be no doubt. He had, however, laid special stress on the alternation of gout with insanity from its relations to the case of William Pitt.

TRANSLATIONS FROM THE *Union Médicale* OF DECEMBER 19TH, 1882, by H. McS. GAMBLE, M.D., Moorefield, W. Va. Société de Chirurgie Séance du December 13th, 1882.

M. Terrier read a report upon a memoir of Dr.

José Cardoso of Moura, Brazil (de Rio Janeiro), entitled: "Treatment of Acute and Chronic Granular Conjunctivitis by the *Abrus Precatorius* or Jequirity."

Jequirity (a plant belonging to the family *leguminosa*) is employed in Brazil in the following manner: The seeds are thrown into boiling water for a few hours, or into cold water for two or three days. As soon as the seed is softened, the envelope is removed, and the embryo, comprising probably the cotyledons, is reduced to a fine powder, which is allowed to macerate twenty-four hours, exposed to the dew of the night; then it is filtered. This solution is to be brought in contact with the conjunctiva, whether the patient bathes the eyes with it three times a day, or whether it is instilled drop by drop like a collyrium, during three consecutive days.

M. José Cardoso prefers to apply to the conjunctiva with a pencil, the extractive principle of the jequirity, for a time more or less long. Whatever may be the mode of employing the medicine, its application determines a more or less acute inflammation of the conjunctiva, followed by perhaps suppuration, perhaps the formation of a false membrane of diphtheritic appearance, by trouble and vascularization of the cornea. These should result, after the lapse of a variable length of time, the disappearance of the conjunctiva granulations; but, in certain cases, the inflammation, too violent, may have been followed by the sad result of complete loss of vision.

M. Terrier has experimented, during his service at the hospital, Saint Antoine, with lotions made of the infusion of the seed of the jequirity, three times a day, for three days; he has observed an intense inflammation of the conjunctiva with the appearance of diphtheritic neo-membranes, trouble and vascularization of the cornea; but these phenomena, after having disappeared little by little, have left the granulations in the same condition as before the applications of jequirity. On the other hand, M. de Wecker is said to have obtained surprising results, but as yet unpublished, in washing the crusted eyelids, with infusion of jequirity.

How does jequirity act? Is it simply by determining a purulent ophthalmia, exactly as inoculation with blennorrhagic pus does? M. de Wecker seems to think so, but this explanation would not satisfy those who consider granular ophthalmia as a parasitic ophthalmia.

Dr. Sibro Arango has examined with the microscope both the preparations of jequirity, and the pseudo-membrane removed from the conjunctiva after the action of the infusion. In the preparations, fresh or old, he has found some granulations, then

spores and the mycelium of a microscopic plant. In the conjunctival exudations are found pus corpuscles (leucocytes), a fibrous substance, besides spherical granulations animated with movements (gomédées), finally spores in chaplets or separated (zooglia) and vegetable tubes.

Is there a relation between the microscopical productions of the infusion of jequirity and the curative action of this substance upon the conjunctival granulations? We may ask ourselves this question, especially in presence of the theories upon the action of blennorrhagic inoculation.

Be this as it may, in spite of the negative result of his personal experience, in taking account of the *modus faciendi*, especially extolled by Dr. José Cardoso, and of the conditions under which it acts, conditions which permitted of his having fresh seed, the reporter thinks that this new medication deserves to be experimented with, for it addresses itself to an affliction essentially rebellious, too often even incurable.

M. Desprès thinks that he ought to bring forward again, in regard to the treatment of conjunctival granulations by jequirity, the objections which he has already presented, apropos of the treatment of these same granulations by inoculations with blennorrhagic pus. In the first place, the observations relative to this new mode of treatment are too few to admit of appreciating their value. Then it would be necessary to know whether, in these observations, we have to deal with granulations of inflammatory origin or with granulations truly chronic. The first may be cured, in fact, by the applications of jequirity, as they are cured by cauterizations with nitrate of silver, with crayons of sulphate of zinc or of copper, in a word with any catheritic caustic whatever. But chronic conjunctival granulations, properly so called, are cured by no topical applications; they yield only to excision.

It is an error, according to M. Desprès, to believe that conjunctival granulations are of parasitic origin; they are nothing else than fleshy buds, of which they have, moreover, the histological constitution; they are vegetations analogous to those we meet with on the mucous membranes, in the vicinity of all the natural openings. All methods of treatment, other than excision, give only temporary cures.

M. Terrier replies to M. Desprès that the curability of conjunctival granulations by inoculation with blennorrhagic pus could not be doubted; he could show a patient who had become almost blind in consequence of this affection, and whom he had cured by this method.

As to the histological constitution of the granula-

tions and their parasitic nature, this nature has been demonstrated by histologists fully competent, whose authority is at least equal to that of M. Desprès.

It has been demonstrated, moreover, that granular conjunctivitis is not met with beyond a certain latitude. Finally some have explained in a sufficiently plausible manner the cure of this affection by inoculations with blennorrhagic pus, in saying that the parasite of the granulations would be destroyed by that of the blennorrhagia.

M. Desprès could not sufficiently protest against this universal invasion of parasitism into pathology general and local. Parasites are the fashion of the day, they are brought in everywhere. They are made the agents of every contagion. But it is necessary to remark that, in the case in question, it is not the granulations which are contagious, but the malady which has given rise to the granulations. The question of latitude does not prove moreover the parasitic nature of the disease.

M. Trélat made a report upon a memoir of Dr. Badal, Professor of the Complementary Course of Ophthalmology to the Faculty of Medicine of Bordeaux, entitled: "Upon Stretching of the Nasal Nerve for the relief of Ciliary Pain."

The conclusions of this memoir are as follows:

The pains called ciliary, that is to say, which have their seat or point of departure in the ocular globe, may be divided into three groups: 1st, neuralgias properly so called; 2d, glaucomatous pains; 3d, ciliary pains due to an inflammatory state of the membranes of the eye.

The nasal nerve whence the nervous filaments emanate, which are distributed to the eye, whether directly, or through the intermediary source of the ophthalmic ganglion, seems, *a priori*, should be that one of the nerves of the orbit, the stretching of which will give the best results in combatting ciliary pains, whatever may be the cause of them. The clinique established the reality of this curative action; it shows, moreover, the happy influence exercised by the stretching upon the pathological phenomena, vaso-motor, secretory and trophic, which may accompany the pains in question.

It suffices to perform the stretching upon the external, nasal nerve at its exit from the orbit. It is unimportant, if this elongation be followed by the rupture of the nerve trunk, the cutaneous anæsthesia, which results from it, being limited to an exceedingly restricted territory.

We may be permitted to suppose, to judge from the results already obtained, that the stretching of the nasal nerve, in a number of cases, can be substituted for other operations infinitely more grave,

ciliary neurotomy especially, and that, in certain cases, amputation or enucleation of the globe, should only be practised when the preliminary stretching of the external nasal nerve has given no results.

It will be interesting to see what this operation can do, not only against the *sympôme doteur*, but even in the treatment of certain forms of glaucoma, of sympathetic ophthalmia, of inflammation of the uveal tractus, and even in the treatment of certain affections of the lachrymal apparatus.

The three cases of stretching, practised so far at the ophthalmological clinique of Bordeaux, may be résuméed thus :

I. Woman, 33 years of age, ocular and left peri-orbital neuralgia; muco-purulent nasal fluk extremely abundant; two months of medical treatment without success; stretching of the inferior orbital; little amelioration. Fifteen days afterward, stretching of the nasal; the pains disappeared immediately; two months afterward, the nasal catarrh has completely ceased, and the mucous membrane has resumed its normal aspect.

II. Man, 23 years old; keratitis with hypopyon of the right side, followed by irido-cyclitis and pupillary occlusion; phthisis of the bulb, loss of vision; peri-orbital neuralgia; pannus; passing amelioration in consequence of a peritomy; relapse, violent ciliary pains; stretching of terminal filaments of the external nasal; next day, amelioration evident; a few days after, the pains have entirely disappeared.

III. Woman, 57 years old; for eight years, gastralgic pains, nodose rheumatism, left peri-orbital neuralgia; for four years, chronic inflammatory glaucoma; absolute loss of vision; eye very hard; cornea rugose; violent ciliary pains; general condition bad; a wide iridectomy gives no result; the paroxysms increase in intensity; stretching of the external nasal nerve, immediate result excellent; fifteen days afterward, the patient was able to leave the hospital, completely relieved of her pains.

COLLEGE OF PHYSICIANS OF PHILADELPHIA. HEART-PUNCTURE AND HEART-SUTURE AS THERAPEUTIC PROCEDURES. BY JOHN B. ROBERTS, M.D.

It is more than probable that, in a few years, puncture of the heart-wall (cardicentesis), with direct abstraction of blood by aspiration, will be recognized as the best treatment in cases of greatly dilated or much distended right heart, with intense pulmonary engorgement; and that incision of the pericardium with suture of the heart muscle will be accepted as proper in cardiac wounds. Hence these latest nov-

elties in cardiac surgery deserve the attention of the Fellows of the College.

That punctures of the heart are comparatively harmless has been well known to many for some years. In 1872, Roger, while performing pericardicentesis on a child with pericardial effusion, thrust the needle into the right ventricle, and withdrew about $6\frac{1}{4}$ Troy ounces (200 grams) of pure venous blood. The boy, who was aged five years, became pale, sweated, and had an imperceptible pulse. The withdrawal of the pericardial fluid, accomplished prior to the heart injury, was beneficial; and the cardiac puncture did no permanent mischief, for the patient recovered. Death occurred five months later from long existing dilatation and valvular disease of the heart (*Bull. de l'Académie de Médecine*, 1875, p. 1276).

In Hulke's case (*Trans. Clinical Society of London*, viii. p. 169), a woman with pleuro-pneumonia was supposed to have large pericardial effusion, and a trocar was introduced through the fourth left intercostal space. Nothing escaped except a drachm of venous blood, after which the patient seemed relieved of dyspnœa. She died four weeks later from a complication of diseases, and the autopsy revealed cardiac dilatation and valvular changes.

I have said elsewhere (*Paracentesis of the Pericardium*, 8vo., Philadelphia, 1880), in commenting upon this case: "The abstraction of blood seemed to relieve the distended heart much better than phlebotomy would have done, as was evinced by the diminution of threatening symptoms and the decrease of the area of dulness."

Cloquet, Bouchut, Legros, and Onimus have also observed the apparent innocuousness of wounds of the heart made by capillary trocars. Steiner found, ten years or more ago, that electro-puncture needles could be quite safely introduced into either ventricle, provided they were at once withdrawn (*Medical Times and Gazette*, May, 1873, p. 492 from *Langenbeck's Archiv für Klin. Chirurgie*).

It has been considered less safe to puncture the auricles; but the interesting paper of Dr. Benjamin F. Westbrook, just published in the *Medical Record* for December 23d, 1882, seems to show that our fears are as unfounded as were those of our predecessors in regard to ventricular puncture. It is, in truth, to call attention to his case of harmless *intentional* cardicentesis and to his researches in the surgical anatomy of the operation, that I have been led to refer to the corroborative evidence of the cases mentioned above.

I have with much satisfaction, as have many others, done venesection at the bend of the arm for

the temporary relief of the distressing symptoms of dilated heart, and for the dyspnœa due to the pulmonary engorgement of acute pneumonia. If, however, a few *drachms* of blood drawn directly from the heart give the relief that could only be afforded by taking a similar number of *ounces* from the veins of the arm, it seems proper to adopt the former measure. The subsequent circulatory depression from anæmia would undoubtedly be less than after the latter operation.

It is manifestly necessary, however, to determine that cardicentesis is innocuous, before it can take the place of venesection. The above-mentioned cases and Dr. Westbrook's experience tend to show that such is the fact.

Dr. Westbrook believes that the proper place to perform the operation is in the third costal interspace, close to the *right* edge of the sternum. This situation enables the operator to tap the right auricle without injuring the right internal mammary vessels, and with little danger of striking the tricuspid valve. My own preference would be to perforate the ventricle of the right heart by introducing the needle through the fourth interspace, about one and a half or two inches to the *left* of the median line of the sternum. Dr. Westbrook's opinion, however, is entitled to more deference than mine, because he has studied the subject with special reference to cardicentesis, while my special investigations have been limited to the consideration of pericardicentesis.

Further experimentation in heart-puncture for the relief of cardiac distension and pulmonary engorgement is requisite, but it is probable that it will soon become a well-recognized surgical procedure in selected cases. Pericardicentesis has already taken that position, and there is no reason to believe that cardiac surgery will stop its march with the demonstration that the pericardium can be treated as the pleura.

In October, 1881, I read a paper before the Anatomical and Surgical Society of Brooklyn (*The Surgery of the Pericardium: Annals of Anatomy and Surgery*, December, 1881), in which I advised resection of costal cartilage and incision of the pericardium for removal of foreign bodies in the pericardial sac; and at the same time said: "The time may possibly come when wounds of the heart itself will be treated by pericardial incision, to allow extraction of clots, and perhaps to suture the cardiac muscle."

It seems as if this time had now almost arrived, for Dr. Block has not only expressed a belief that death can be averted in many cases of heart-wounds by simple incision of the pericardium to allow escape or extraction of the clots which cause pressure and

death, but has also undertaken to demonstrate by vivisectional experiments that suture of the heart is a simple operation, and requires but three or four minutes. (*Amer. Journal of the Medical Sciences*, January, 1883, p. 276; from *Journal de Méd. de Paris*, October 28th, 1882; from *Gaz. Med. de Strassburg*, October 18th, 1882.) He finds that opening of the right and left ventricle, and entire compression of the heart for the application of sutures, can be supported by rabbits for several minutes. During suturing, he seizes the apex of the heart and draws the organ forward until the traction prevents the escape of blood from the wound. Sutures are then introduced, or the orifice closed by ligation. Even if cardiac pulsation and the respiration stop during this mechanical interference with the heart's movement, death, he asserts, does not necessarily ensue.

These experiments are even more important than the researches spoken of in regard to heart-puncture. I regret that as yet I have not been able to consult Dr. Block's original memoir, but I hope at a future time to do so, and perhaps to be able to report some investigations of my own which I desire to make in the same direction.—*Medical and Surgical Reporter*.

REVIEWS.

LEGAL MEDICINE. BY CHARLES MEYMOTT TIDY, M.B., F.C.S., Professor of Chemistry and of Forensic Medicine and Public Health at the London Hospital, etc. Part I. Pages xxx., 633. American edition. Henry C. Lea's Sons. 1883.

Physicians are always glad to welcome a new work on this subject. Wharton and Stillé are good, but not *au courant* with the advance of science. Beck is very unreliable, and is scarcely a correct authority at the present time. Taylor is very superior indeed, and the American editor, Dr. Reese, has added greatly to its value, but it needs, as the best works do, supplementary authorities. The first volume of Tidy's work is excellent in every respect, so far as it goes; whether it can be regarded as complete, even in its aims, cannot be said until it is completed. It is written especially for the physician, and not so much for the lawyer; an advantage physicians should value. The American publishers would have done well to omit the section on life insurance. It is of little value to American readers.

NEW BOOKS RECEIVED.

Hermann. Experimental Pharmacology. By R. B. Smith, M.D. Philadelphia. H. C. Lea's Son & Co. 1883.

Nerve Prostration and Hysteria. By W. S. Playfair, M.D. Philadelphia. H. C. Lea's Son & Co. 1883.

The Gulf Coast of Florida. By R. J. Levis, M.D.

The Dangers of Impure Ice. By Raphael Pumphelly, M.D.

Diphtheria and Scarlatina. By A. Hurd, M.D. Findlay, Ohio.

Announcement of the Spring Course of Lectures, Med. Dept. Univ. New York.

MISCELLANEOUS.

PASTEUR ON RABIES.—At a recent meeting of the Académie de Médecine M. Bouley communicated, in the name of M. Pasteur, a series of conclusions regarding rabies at which the distinguished investigator has arrived. The first two enunciate the familiar truths that the dumb madness and furious madness, and, in short, all varieties of rabies, are caused by the same virus, and that the symptoms of rabies are extremely variable. It is assumed that the characters of the several cases depend on the points in the nervous system at which the effect of the virus is chiefly localized. In the saliva of rabid animals the virus is associated with several kinds of organisms, and the inoculation of the saliva may cause death in three ways; by means of the special salivary organisms, by excessive suppuration and by rabies. The medulla oblongata of the human subject, as well as that of animals, after death by rabies, is always virulent, and the virus is also found in all parts of the brain, and it persists even after putrefaction has set in. There are two methods of inoculation by which the period of incubation of rabies may be greatly shortened, and the disease produced not only rapidly but with certainty: one is by the injection of the virus into the blood; the other is by trephining the skull and placing the virus in the arachnoid cavity. Rabies then comes on at the end of six, eight, or ten days. M. Pasteur met with some cases of the "spontaneous cure" of rabies, but only in cases in which the disease did not develop beyond the initial stage. In such a case, in which the early symptoms passed away, the disease has been known to return at the end of a certain time—as two months—and then to run the ordinary acute and fatal course. Mention is

also made of the cases of three dogs inoculated in 1881: two quickly died from rabies; the third, after manifesting the early symptoms, recovered. The latter animal was inoculated by trephining in 1882 on two separate occasions, but without effect. M. Pasteur asserts that he now possesses four dogs which will not contract rabies, whatever the method of inoculation adopted or the proved virulence of the material employed. These facts he believes to be the first step toward the discovery of a method of the prevention of rabies by its inoculation. He confesses, however, that the end seems to be at present far distant.

THE NUTRITIVE PROPERTIES OF RICE.—The increase in the consumption of rice has lately attracted the attention of several men of science in Germany, and among other investigations, an attempt has been made by Professor Voit to discover the relative capacity which various forms of nourishment possess of being incorporated into the system. He has drawn up the following table of the percentage which remains in the body, and of that which leaves it:

	Percentage incorporated.	Percentage which is not retained.
Meat	96.7	3.3
Rice.	96.1	3.0
Eggs	94.8	5.2
White bread.	94.4	5.6
Maize	93.3	6.7
Potatoes	90.7	9.3
Milk	88.9	11.1
Black Bread.	88.5	11.5

According to these results (the *Bremer Handelsblatt* remarks) meat and rice leave the smallest amount of residuum, and occasion the smallest excessive exertion to the digestion, and in fact introduce the minimum quantity of ballast into the human frame. Dr. König, of Münster, considers that the fact of large masses of population living on rice is easily accounted for, and in summing up the information collected upon the subject, Professor Voit remarks that potatoes, when consumed in excessive quantity, fail to nourish the frame effectively, make the blood watery, and render the muscles weak. Apart from the subject dealt with in the table drawn up by Professor Voit, the question of the relative nutritive value of rice and potatoes has been investigated by Dr. König, who is of opinion that if similar quantities of both articles are compared, *the former possesses four times the value of the latter in really nutritive properties*. It is also remarked that the introduction of rice as a substitute for potatoes is facilitated by the fact that no such variation takes place in its quality as is the case with the potato, which is liable to be materially influenced by the effects of unfavorable weather.

GENERAL PARALYSIS.—Dr. Philip Tenner, in the *Cincinnati Lancet and Clinic*, defines the disease as an affection of the anterior portion of the cerebrum, of that part which the study of comparative anatomy and anthropology indicates to be the seat of intelligence, and which modern experimental investigations indicate to contain the motor centres. The pathological anatomy consists of changes in the membranes of the brain, usually most marked in the anterior portions, as well as changes in the cortex and subcortical regions, affecting chiefly the anterior cerebral convolutions. Its earlier symptoms consist chiefly of morbid manifestations of intelligence, such as want of judgment, loss of memory, boastfulness, etc., and of failure of the motor functions occurring simultaneously and progressing correlatively with the mental disturbances.

RUSSIAN TEETH.—From a recent examination by Dr. Franzius of the teeth of six hundred and fifty soldiers in Russia, it appeared that two hundred and fifty-eight, or nearly forty per cent, had dental caries. He finds that of all the teeth, the third molar is most often affected; such cases making up one half of all the cases. The teeth are affected in a certain successive order: first, the lower third molar is attacked, then the upper, then the lower fourth molar, and so on. The incisors and the canine teeth of the lower jaw stand last in the line. The durability of the upper teeth stands to that of the lower as three to two. The teeth in persons of fair complexion and hair are less durable than in those of dark complexion and hair (forty to thirty-seven per cent). Stature has a manifest influence on the durability of the teeth, which increases with decrease of height, and *vice versa*. (Dr. Franzius seeks an explanation of this curious fact in a less perfect outer circulation in tall men than in short men). The right teeth show a greater vitality than the left. The conditions of the soldier's life do not show any harmful influence on the state of the teeth.

CURIOUS EFFECT OF SCALP INJURY UPON THE HAIR.—The hair of a girl employed in the Elgin watch factory was caught in the machinery and violently pulled. From that time all of the new growth was white, and now the receding color has reached a point half way to the ends.

TROPIC FRUIT LAXATIVE.—According to a paper read before the Wisconsin Pharmaceutical Association, Tropic Fruit Laxative is a combination of jalap, senna and tamarinds, covered with a coating of chocolate and sugar. The objection to this way of dispensing a confection of senna is that the laxative

portion is liable to be worm-eaten, which cannot be noticed unless the coating is removed.

COMPOUND FRACTURE OF THE FEMUR, ERYSIPELAS, PYMÆIA—AMPUTATION OF THE THIGH—SUBSEQUENT EXARTICULATION AT THE HIP—COMPLETE RECOVERY.—Arthur E. Barker, F.R.C.S. Eng., Assistant Professor of Clinical Surgery, and Assistant Surgeon at the University Hospital, describes a case, under this title, at great length; the patient was a riveter, aged twenty-nine, who fell from a roof and fractured his femur. The case illustrates in the first place, what is, however, unfortunately rare in experience, namely, the possibility of recovery from pyæmia, even in a patient weakened by a most severe injury, prolonged suppuration, and an attack of erysipelas. Secondly, it illustrates the feasibility in some cases of amputating with the best results through the thigh for compound fracture, leaving a second compound fracture in the neighborhood of the hip-joint to be treated otherwise later on, when the first amputation wound is healed. Thirdly, it shows that, in such a case, it is possible to exarticulate the whole of the remaining bone up to the hip-joint, without re-amputation through the soft parts, but through a moderate opening in the outer side of the stump.—*British Medical Journal*.

A SUBSTITUTE FOR HOPS.—Considerable commotion, says the *British Medical Journal*, has been raised in the beer-brewing and beer-drinking world by a letter published in a contemporary, written by a firm of drug-brokers in Mincing Lane with reference to the substitution of drugs possessing bitter flavor and tonic qualities for hops. They state that, in consequence of the failure of this season's crop of English hops, calumba root, chamomiles, quassia, and cheretta have greatly advanced in price, thereby implying that these substances are likely to be largely employed in producing the flavor dear to the palate of the consumer of "bitter." The great firms of brewers have, in consequence, unanimously protested that they never use anything but hops to produce the bitter constituent of their beers, and therefore practically deny the inferences to be drawn from Messrs. Josephs' statistics. This, doubtless, is the fact; but if the case were otherwise, and the drugs named were used in the brewing of bitter beer, no possible injury, but rather benefit, would result to the beer-drinking public. Few old Indians or any persons suffering from the possession of a "liver," but know the good effects of calumba; quassia is also one of the most efficient vegetable bitters known to pharmacists. The same may be said of cheretta and chamomiles. So that even if the hop crop

were deficient, it is certain that the public health would not suffer, and drinkers of bitter beer would not detect any difference of flavor in their beverage.

WOMAN ATTACHED TO A TUMOR.—A recent number of the *Medical Record* contains engravings from photographs of a woman who was afflicted with a tumor weighing eighty pounds. It was attached to the abdomen, and the picture shows the patient in a sitting posture, holding in her arms and on her knees a large bundle, which formed her undesirable appendage. After much entreaty from the poor woman that an operation for her relief might be tried, the surgeons of the Cincinnati Hospital finally consented; and Dr. N. P. Dandridge performed the hazardous work with great skill, being assisted by Dr. E. W. Walker and the hospital staff, in the presence of the medical class and a large number of neighboring physicians. But the shock to the patient was very profound, and her inherent strength not sufficient. She survived a week after the operation. This was a subcutaneous fatty tumor, one of the largest ever known. It was thirty-five inches long and sixty-seven and a half inches in greatest diameter—nearly as large as a barrel of flour.

INDIAN ENTERIC FEVER.—Dr. R. H. Quill, Surgeon to the Army Medical Department, gives the result of an examination of the annual returns of the sick and wounded troops at Assirgarh, Central India, from 1875 to 1881. The station is completely isolated and the conservancy carried out by the "dry earth system," the contents of the latrines are emptied into a ravine two hundred yards from the station, twice daily. The drinking water is carefully filtered. Every precaution is taken to avoid exposure to faecal impurity. During the period just mentioned not one single case of enteric fever occurred among the troops. The believers in the climatic origin of cases of enteric fever in India very correctly point out, that the principal victims of this fever are young soldiers, with little Indian service; and that the older men, with an Indian service of four or more years, are rarely sufferers from it. Without gainsaying this observation, or attempting to account for it, Dr. Quill would simply say that, for a space of five years, Assirgarh has been occupied by successive batches of young and unseasoned soldiers without the occurrence among them of any type of fever, other than the mildest form of ague. The climate of Assirgarh is no better than that of many other stations in the Bombay Presidency, where enteric fever is of only too frequent occurrence; but its isolated situation, and the nature of its surroundings,

lessen to a very great extent its liability to faecal contamination of any sort; and herein lies the reason for the immunity it enjoys from the presence of enteric fever.—*British Medical Journal*.

VENTILATION OF RAILWAYS INTO THOROUGHFARES.—We have already expressed our strong opinion that it would be incompatible with the interests of public safety to allow the ventilation of underground railways into the streets. The project for the construction of ventilating shafts in Queen Victoria Street, City, is a particularly absurd one, and should be, at once, interdicted. Apart from the obstruction to traffic and the danger of frightening horses thus threatened, it is most undesirable that not only here, but anywhere, special openings should be made in the midst of populous districts through which to discharge the concentrated impurities of a tunnel atmosphere. It would be far better to empower, and compel the companies to purchase such blocks of surface as can be opened, and to make considerable openings for the escape of gases and vapors by unroofing their tunnels. This would prevent accumulation, instead of simply providing outlets, for the escape of suffocating vapors and gases.—*Lancet*.

INTERESTING REPORT ON THE SEA-SHORE RESORTS.—The annual report of the New Jersey Board of Health contains some interesting statements about the sanitary condition of the summer resorts along its coast. The following is a summary of its remarks on the resorts nearest this city:

Long Branch has a soil mostly clay, gravel, and sand, in successive layers. The contour of the land favors efficient drainage. The natural brook to the rear of the sea-front should be kept entirely clear of all pollution. The average depth is less than twenty feet, but the brook, two miles distant, has what seems a good water supply distributed from a reservoir to the hotels and most cottages. This insures the inhabitants against the drinking of soil contaminations. Here a sewer-system is needed. In certain instances cesspools were too near the closets, but most of the proprietors are favorable to the adoption of the best modern appliances.

Clay underlies the sand soil of Asbury Park to the thickness of seven to fifteen feet, and beneath this is a bed of gravel. The sewer system embraces nine miles of pipe, and is discharged by means of an intermittent tank, at a proper point, into the ocean, flushed by water from the lake. The system needs a more general connection of all permanent buildings with it. Wells are still depended upon, but water from the soil cannot here be permanently obtained,

and a faultless water supply, it is expected, will be speedily secured. The Health Board are more intent upon putting all buildings now up into perfect sanitary order, than desirous of seeing too many new and unprovided ones erected.

Ocean Grove has driven wells and lake water. It will soon need some other supply. The tank into which the sewer system is delivered, is pronounced "ill-constructed," and changes are contemplated. It is recommended that either "a public system of weekly dry removal be adopted, or that all closets be connected with a proper sewer system."

Ocean Beach depends upon driven wells, some of them poor, but in most cases this water is very cool, and perfectly pure. It has no sewers, and objection is made to its cesspools. The locality is described as a fine one, which, by sanitary improvements and administration, ought to be on the best sanitary basis.

New Brighton has not yet developed a water system, and Spring Lake has its supply from a natural lake, which is carefully guarded from contamination. So long as buildings are kept free from close proximity to it, the supply may be sufficient and unexceptionable. The reports make the general remark that "most of our sea-side resorts err in that all questions of water connection, sewerage, etc., are not, from the start, regulated by ordinance."

At Sea Girt the soil is clay, gravel, clay, and sand successively, and the water from the driven wells at the Tremont House seems to be of excellent quality. The Beach House has a natural well twenty-five feet deep, of good water supply. The water-closet and slop systems are united and carried through glazed pipes to a distant wooden cesspool in the sand. It was formerly conducted into a stream, but "Squan objected." It is remarked that "good fire-escapes are found here."

Point Pleasant was not closely examined, but the water supply and system of sewerage are much of the same character as that of Bay Head, where the soil is more largely sand than in the vicinity of Spring Lake.

The Board's report does not find sufficient ground for many of the sensational and extravagant reports which have been made about the sea-side resorts.

WANTED HIM TO TAKE MORE EXERCISE.—Scene : Office of a pompous doctor who knows it all. Enter a tired man, who drops into a seat, and says that he wants treatment. The doctor puts on his eye-glasses, looks at his tongue, feels his pulse, sounds his chest, and then draws up to his full height, and says, "Same old story, my friend.

Men can't live without fresh air. No use trying it. I could make myself a corpse, like you are doing by degrees, if I sat down in my office and didn't stir. You must have fresh air ; you must take long walks, and brace up by staying out doors. Now I could make a drug store of you, and you would think I was a smart man, but my advice to you is to walk, walk, walk."

Patient.—But, doctor—

Doctor.—That's right. Argue the question. That's my reward. Of course you know all about my business. Now, will you take my advice ? Take long walks every day, several times a day, and get your blood in circulation.

Patient.—I do walk, doctor. I—

Doctor.—Of course you do walk. I know that ; but walk more. Walk ten times as much as you do now. That will cure you.

Patient.—But my business—

Doctor.—Of course, your business prevents it. Change your business, so that you will have to walk more. What is your business ?

Patient.—I am a letter-carrier.

Doctor (paralyzed).—My friend, permit me to once more examine your tongue.—*Ex.*

THOMAS ON EXTRA-UTERINE PREGNANCY.—In a paper entitled "Notes of Twenty-one Cases of Extra-Uterine Pregnancy," read at the last meeting of the American Gynæcological Society, the author, Dr. T. Gaillard Thomas, gave the following rules with reference to treatment : 1st, if an ectopic tumor were discovered and its nature pretty well settled before the end of the fourth month of gestation, he would destroy the vitality of the child by electricity in preference to all other methods which had been proposed. It had these great advantages : If an error of diagnosis had been made, this remedy would do no harm ; if the diagnosis was correct, experience proved it to be sufficient in its effects. It was almost painless, and caused none of the nervous disturbances created by a cutting operation, and it required no surgical skill in its use ; 2d, should the fourth month of gestation be passed, and surgical interference be called for, he thought that laparotomy, or, if the tumor were low down in the pelvis, elyototomy should be preferred to the use of electricity, which left a large foetal body to undergo absorption inside of the body of the mother ; 3d, should the pregnancy be abdominal, the practitioner might watchfully await the full term of gestation, and deliver then, by laparotomy or by elyototomy, combined with the forceps or version ; 4th, should full term be passed, and the foetus be dead, the

practitioner should wait and watch, if possible, until nature demonstrated the outlet by which she desired the extrusion to be effected; then she should be aided. If, on the other hand, bad symptoms under these circumstances at any time showed themselves, laparotomy, under strict antiseptic precautions, should be promptly resorted to; 5th, should rupture of the foetal nidus have occurred before a diagnosis had been fully made, the practitioner should wait and see whether nature was powerful enough to overcome the shock and control hæmorrhage; then, further, if the patient was going to escape the dangers of peritonitis and septicæmia. If these favorable results did not occur, if hæmorrhage was about to destroy the patient immediately, or if septicæmia attacked her, laparotomy, followed by antiseptic cleansing should be promptly adopted. T. A. A.

CONVALLARIA, THE NEW HEART TONIC.—The *Convallaria maialis* or lily of the valley, has recently been given a high place as a heart tonic, rivalling digitalis in its effects. It is claimed to act, like this article upon the end-organs of the vagi and the ganglia in the heart, with the positive advantage of being less irritating to the stomach. From the investigations of Walz, in 1859, according to the *College and Clinical Record*, from which we derive our information, it appears that the plant is possessed of decided purgative and emetic properties, the active principle causing emesis, proving also salutary upon the heart. The remedy is given in weak hearts with or without organic diseases, in albuminuric dropsy and in hepatic diseases, with satisfactory results. In some cases its effects were doubtful. The action of the drug is confined chiefly to the heart and kidneys. Those patients will be benefited by it who are affected with insufficiency or stenosis of the mitral valve with its attendant disorders, in doses of the extract of from 15 to 22 grains. In such doses it increases the energy of the heart's action, and makes the pulsations slow and more regular; and at the end of two or three days produces an abundant diuresis which relieves the effusions. Prof. Déplats, of Lille, is quoted as authority for the effects as above stated.

The convallaria should not be given for a longer period than eight or ten days lest toxic effects ensue. It contains an alkaloid called *majalin* and two glucosides, *convallamarin* and *convallarin*, beside an acid named *majalic*. The first mentioned glucoside is recommended instead of the extract by Tannet.

MANKIND'S MISTAKES.—It is a mistake to labor when you are not in a fit condition to do so.

To think that the more a person eats the healthier and stronger he will become.

To go to bed at midnight and rise at daybreak and imagine that every hour taken from sleep is an hour gained.

To imagine that if a little work or exercise is good, violent or prolonged exercise is better.

To conclude that the smallest room in the house is large enough to sleep in.

To eat as if you only had a minute to finish the meal in, or to eat without an appetite, or continue after it has been satisfied, merely to satisfy the taste.

To believe that children can do as much work as grown people, and that the more hours they study they more they learn.

To imagine that whatever remedy causes one to feel immediately better (as alcoholic stimulants) is good for the system, without regard to the after effects.

To take off proper clothing out of season, simply because you have become heated.

To sleep exposed to a direct draught in any season.

To think that any nostrum or patent medicine is a specific for all the diseases flesh is heir to.—*Index*.

EARTH DRESSING IN GERMANY.—According to the *Med. News*, the earth dressing of wounds has been revived in Germany, and the antiseptic qualities of earth elaborately discussed. Neuber, this time, in an antiseptic report on surgery, professes to be the discoverer. The claims of Addinell Hewson, of Philadelphia, to a similar discovery, years ago, are entirely ignored. Dr. Hewson's attention was called to this subject many years ago, and he made many useful applications of earth to wounds and abdominal enlargements in the Pennsylvania Hospital and in private practice, and published the same in the journals of the day. No notice of his prior investigation is taken by our German contemporary, and it is presumed he knew nothing of them. Suffice it to say that Dr. Hewson has been investigating this subject for years, and has made his plans and cures known to the profession through the journals and through reports to county and State societies. He is emphatically the great earth doctor, and if there is virtue in the application, to Dr. Hewson belongs the credit.

DR. GOODELL ON STERILITY AND PELVIC PERITONITIS.—In a recent clinical lecture, Dr. Goodell, speaking of a case of anteversion with stenosis causing dysmenorrhœa and sterility, says:

"From my observation I should say that marriage is poison to a woman unless she has children. Nature

intended that the womb should by pregnancy have a respite from the monthly congestions of the menses. At the end of nine months the woman gives birth to a child and suckles it, and this also gives rest to the womb. If now there is a stenosis of the cervical canal, she cannot become pregnant; the congestion grows worse at each period, and finally becomes continuous and pathological. Marriage adds to this chronic condition the congestions resulting from the marital relations, as coition, etc., and things go on from bad to worse, until the woman may at last become a confirmed invalid."

His treatment of the stenosis was by rapid dilatation, which he strongly recommends as against a cutting operation. With the exception of two cases in which the os was torn (not, however, with any ill results), he has never had any accident in one hundred and thirty recorded cases of dilatation, while he lost a patient from the cutting operation, and believes that many women have died from that treatment.

COLD BATHS IN TYPHOID FEVER.—In Lyons, France, the cold bath method of treating typhoid fever has been adopted with marked success. In the civil hospitals the death-rate was reduced from 26 to 9 per cent, and in private practice to 1 or 2 per cent. In the French army, between 1875 and 1880, there were 26,047 cases of typhoid fever. Of these, 9597 died, being a mortality of 36.7 per cent. In the corresponding time there were in the German army 14,835 cases of typhoid fever, of whom 1491 died, a mortality of about 10 per cent. The character of the disease was much the same in both armies, and the general habits and health of the men the same. The only noticeable difference was that in the German army the water treatment was largely used. An analysis of the statistics of the German army affords still more convincing evidence. From 1820 to 1844 the rate of mortality for typhoid fever patients was a little over 25 per cent. From 1868 to 1874 the rate was 15 per cent. In 1862 the chief of the medical staff called the attention of the army physicians to Brand's cold-water treatment. The adoption of the new treatment was followed by so marked a falling off in the death-rate as to lead to its still more general use. In the years 1874 to 1880 the typhoid fever cases ranged from 1741 to 3620 annually, and the mortality fell from 12 per cent in 1874 to 8 per cent in 1880. In the Second Army Corps the water treatment was more thoroughly tested. The death-rate, which was 21 in 100, after the introduction of this treatment fell off in 1867-74 to 14 per cent, and in 1874-77 to 7.8 in 100. In the last-named year Dr. Abel, a strenuous upholder of the cold

water treatment, assumed medical direction of the corps, and the mortality was reduced throughout the entire corps to 52 in 1225 cases, or a little over 4.2 per cent. Still more striking is the confirmation afforded by the experience of the five principal hospitals of this division of the army, which were under the direction of Dr. Abel personally. In 1869 the mortality had been 25 per cent.; by 1877 it had been reduced to 7.2 per cent., and during the five years following the coming of Dr. Abel it fell to fourteen deaths in 764 cases, or 1.8 per cent.

A NEW (BLOODLESS) METHOD OF REMOVING SUB-SEROUS FIBROIDS OF THE UTERUS.—At the last meeting of the gynecological section of the German Association of Naturalists and Physicians (*Archiv. f. Gynäkologie* XVIII. 3), Professor Schroeder, of Berlin, read a paper on the management of the pedicle in myotomy. His method is as follows:

The pedicle or neck of the tumor is firmly constricted by the elastic tube or band of an Esmarch bandage, and the tumor cut off above it. There is a free discharge of blood from the engorged tumor, but especially the white, bloodless surface of the stump appears. This is then slightly excavated with a knife, so as to make a funnel-shaped depression in the stump. Care must be taken not to carry this excavation too deeply, as the elastic ligature might slip off. The edges of the stump are then approximated antero-posteriorly, and sutured with strong silk. The needles, which must be very strong ones, are passed deeply through the parenchyma or stump, avoiding the peritoneum. After approximating the edges, numerous smaller sutures are passed in the intervals between the larger ones, in order that there may not be the slightest gaping between the edges of the wound. After the edges have thus been brought accurately in contact, the peritoneum is drawn over the stump, and likewise stitched together with fine silk. The stump is thus placed entirely outside of the peritoneal cavity, and is only marked by the line of suture. The elastic ligature is then removed, and if any bleeding points remain, additional sutures are to be placed.

The operation done in this manner becomes entirely bloodless. The sutures must, however, be placed in close contiguity, and the approximation must be very exact. Owing to the absence of hemorrhage and the accessibility of the stump, the operation can be done with comparative rapidity. In one case where fifty-six sutures were applied, the operation was completed in an hour and a quarter. By this method, the tendency to abdominal hernias, which is very great where the clamp is used, is avoided.—*Independent Practitioner.*

BREATHE THROUGH THE NOSE.—Dr. Ward, Physician to the Metropolitan Throat Hospital, in an article on singers' throat troubles, in the *Musical Critic*, treats of the various kinds of catarrhal troubles experienced by public singers, and repeats the well-known fact that the nose is the only channel through which air should pass during ordinary acts of breathing, the mouth being intended only as an accessory breathing agent when, on certain occasions—as, for instance, running—the lungs demand a rapid supply of air. The air, in passing through the nostrils, is warmed and sifted of its harmful ingredients, and thus prepared for its reception into the delicate structures below. If it passes directly into the mouth without the above preparation, it will frequently cause irritation and inflammation of the mucous membrane lining the mouth and throat by being, in the first place, too cold, and in the second place by containing irritating particles of dust and other matter.

DEPRAVITY OF A PHYSICIAN.—Much excitement has been caused at Hounslow, England, by the lamentable death of Dr. William Whitfield Edwardes, who committed suicide by taking hydrocyanic acid. The deceased was the partner of Dr. W. M. Whitmarsh; and, from the evidence given at the inquest, it appears that he had been much depressed. In a letter which he had written before his death, he spoke of some horrible charge having been made against him by a woman, without foundation, and accused his partner, Dr. Whitmarsh, of complicity. The reading of this letter, and other evidence given, have caused a great outburst of local popular feeling against Dr. Whitmarsh. The windows of his house have been broken by a mob, who have threatened still further violence, but have been restrained by the police.

POSITIONS OF THE UTERUS.—Clinical facts in a matter of this kind are better than no end of theorizing, and these, in so far as I have been able to interpret them, incline me to hold the same opinion as that which is expressed by Barnes, Graily Hewitt, Emmet, Thomas, and other well-known English and American gynecologists, which is that the normal posture of the uterus does not vary greatly from the direction which is taken by the pelvic axis, the body of the organ coinciding practically with the axis of the superior strait. This view also explains satisfactorily, at least to my mind, the action of those forces which are developed around the organ, and which must have a determining influence.—*Currier.*

TREATMENT OF MENIERE'S DISEASE.—Dr. Grazzi, in an article (*Gazzetta degli Ospitali*) on this subject, extols the use of quinine. He gives the valerianate in combination with extract of aconite. At first, the noises in the head are made worse by the treatment; but after a short time great improvement takes place. In 1875, Charcot recommended quinine in the same disease. He gave from seven to fifteen grains daily for two months and a half.

PERSISTENCE OF THE DUCTUS ARTERIOSUS.—The *Practitioner* says that Dr. Malherbe cites several cases in which this malformation existed without producing characteristic symptoms during life, and enumerates, on the other hand, the symptoms which may fairly lead us to suspect it when they do exist.

DR. FRANK HAMILTON ON SEWER GAS.—In the last issue of the *Medical Gazette*, referring to the controversy excited by his paper on sewer gas poisoning—the “Struggle for Life Against Æstheticism and Modern Civilization”—read before the New York Academy of Medicine, Dr. Hamilton cites some remarkable facts related in the London *Lancet*, by Dr. W. N. Thursfield, of Birmingham, England, who has traced a specific case of diphtheria to the temporary exposure of the patient to gas from sewers that he knew to be contaminated with diphtheritic emanations from a house situated on its route. When opened and examined by a surveyor the pipe produced in the latter a severe attack of the disease. In a similar way Dr. W. O. Keating, of Philadelphia, has traced many cases of typhoid, measles, diphtheria, and scarlet fever to the agency of sewer-pipes and drain-pipes carrying the disease from one house to another, and thus forming a subterranean passage-way for the circulation of infectious or contagious matter from house to house. In Hartford, Conn., recently, a man died from erysipelas caused by the emanations of an open waste-pipe in his room. This view of the propagation of diseases of contagious cast by the conveyance of their germs from house to house through these subterranean passages is one not novel but startling—too well-founded in fact—to be passed over without comment, and it is to be hoped that the discussion will be continued until the last facts of the subject have been uncovered. Dr. Joseph Richardson, of the University of Pennsylvania, speaking of this question in a late issue of the *Medical News*, declares that not only are the sewage pipes of large cities nurseries for the development of infectious matter and of *contagia viva* of all descriptions, but they furnish one of the leading agencies in the dissemination of diphtheria,

typhoid, scarlet fever, and other contagious disorders. The water-trap—usually regarded as an efficient safeguard for excluding sewer gas from our dwellings—and other ingenious traps described by sanitary engineers, he considers rather as excellent contrivances for securing the result that they are intended to prevent. He finds that, while serving their purpose for a little while, the interior surfaces of traps of all kinds soon become coated with a slimy vegetable lining which gradually extends to the house side of the pipe; the contrivance, from this point of view, forming rather a depot for the evolution of gases of decay and disease germs than a preventive of their entrance, and enabling them to enter our houses, through closets, sinks, washstands, etc. That this whole question should be at once reinvestigated by the New York Health Board, in the light of these recent facts and discoveries, is a conclusion too patent to need more than a suggestion, considering the urgency of our yearly increasing death rate and the causes thereof as found in diseases of zymotic type.

OPIUM CULTIVATION IN AFRICA.—The London *Times* has recently given the following description of the opium cultivation in Africa:

The first attempt at cultivation of opium in intertropical Africa has been made at Chaïma, near Mopèa, about four miles from the Zambesi, and on the banks of the Quaqua. M. Guyot lately visited the place, and has described the operations to the Paris Academy. The space occupied is between the two rivers Muto and Quaqua. The fields were first sown in 1879; in 1880 the surface sown was forty-four hectares; in 1881 about double that quantity. In 1881 there were three hundred workers engaged, two hundred and fifty of whom were blacks and fifty natives of India. The opium is gathered seventy-five days after sowing, whereas in India the harvest does not commence till about the one hundred and tenth day. The product per hectare was—in 1880, fifty-five to sixty kilogrammes of raw opium (as against fifty kilogrammes on an average in India.) The water required is taken from two recently connected lagoons by means of a locomotive which raises it 5.50 metres; it then flows into the plantation through pipes. (A second machine was to be set up this year.) The plant is not subject to any parasite, but the wind at harvest time may seriously compromise operations. The soil is worked in primitive style with the hoe; ploughs drawn by oxen have been tried, but these animals suffer greatly under the burning sun. The gathered opium gives off a slight odor *sui generis*. It

is not supplied to commerce in its first viscous, pasty state, but is mixed with eighty per cent of a special matter, and formed into balls of five hundred grammes. These balls are carefully put in cases that hold one hundred and forty; at the bottom is a powder formed of the empty capsules and leaves of the poppies and a layer of cotton. Sent to India, the Zambesi opium fetches \$10 to \$12 the kilogramme.

AMPUTATION SUPERSTITIONS.—The following from a Connecticut daily paper illustrates the fact that the old superstition to account for the symptoms produced by the cicatrix of a wound contracting on the nerve ends, is not yet extinct: "A man lost an arm, which was carefully buried in his father's garden. A day or two afterward he complained that the arm felt tired and cramped. It was exhumed and shifted to a different position, the patient experiencing instant relief. Twice has the severed limb been thus exhumed for the purpose of altering its position, and relief given to the sufferer in each instance. Although he was not aware of the precise moment when the arm was shifted, yet he felt each movement as distinctly as if it was still a portion of his anatomy. It is said that one will suffer more or less pain and inconvenience from a dismembered limb until the tissues have completely decomposed." The effect of the imagination on nervous diseases is well illustrated by the last part of the anecdote.

LEONARDO DA VINCI thus foreshadowed the telephone: "When one is upon a lake, if he puts the opening of a trumpet into the water and holds the point of the tube to his ear, he can perceive whether ships are moving at a remote distance; the same thing occurs if he thrust the tube into the ground, for then, also, he will hear what is going on far away."

MEDICAL NEWS.

A BAD RECORD—THE NEW CODE STANDS.—On Tuesday last, the first day of the seventy-seventh annual meeting of the Medical Society of the State of New York, Dr. Edward R. Squibb, of Brooklyn, introduced before the meeting certain resolutions having for their purpose the abrogation of the code of ethics adopted at the meeting of 1882, and the re-establishment of the code previously in force—namely, the code of the American Medical Association. They were made the special order of business for the evening session. At that session, after three hours of discussion in committee of the whole,

a vote was taken, the ayes and nays being called, with the following result: Yeas, ninety-nine; nays, one hundred and five.

DR. BENJAMIN HOWARD RAND died February 15th, in Philadelphia, in his fifty-sixth year. In 1850 he was elected Professor of Chemistry of the Franklin Institute, holding that position until his resignation in 1864. Upon the foundation of the Philadelphia Medical College—an institution which ceased to exist in 1861—he was elected to the chair of Chemistry, and from 1852 to 1864 he was Secretary to the Academy of Natural Sciences. The latter office, as well as his professorship in the Franklin Institute, he resigned in 1864, in order to accept the Chair of Chemistry in Jefferson Medical College, from which he resigned by reason of ill-health in May, 1877. He was elected a Fellow of the Philadelphia College of Physicians in 1853, and a member of the American Philadelphia Society in 1868, and was also a member of the American Medical Association.

RESUSCITATION FROM COLD.—The attention of those who are opposed to physiological experiments on animals should be called to a series of experiments lately made by Dr. Lapchinski on dogs, to determine the best means of resuscitation after freezing. Of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen perished. Of twenty placed at once in a warm apartment, eight died, but of twenty placed immediately into a hot bath, all recovered.

PRINCIPAL WILLIAM STEPHENS, of the Wyoming Male Grammar School in Philadelphia, has sent a petition to the Board of Education of that city, calling its attention to the alarming prevalence of cigarette smoking and the general use of tobacco among the male scholars in the public schools.

THE New York *Tribune* publishes some statistics of suicides in this city during the last twelve years. In that period 1687 persons took their own lives; 1326 were men, and 361 women.

A CASE has recently come under our observation of an elderly man who was etherized for the amputation of a toe, which had been crushed. On coming out from his anæsthesia he was observed to have left hemiplegia. He presents physical signs of mitral disease, though he never has had any cardiac symptoms, nor any other disease previous to his injury. In the two or three months which have elapsed, the paralysis has not materially improved, and the limbs are now suffering from contraction.—*Boston Journal*.

GLUTEN.—Flour deprived of the *gluten* of the wheat, under which general name may be classed the phosphatic and nitrogenous elements—which are stored principally between the outer wraps and the inner starch body of the kernel—has lost the greater part of its blood-making materials.—*American Miller*.

FIVE-CENT NICKELS AS MEASURES.—A fact probably but little known is, that the United States nickel five-cent pieces furnish a key to metric measures and weights. This coin is two centimetres in diameter, and its weight is five grams. Five of them placed in a row will give the length of a decimetre, and two of them will weigh a decagram. As a kilolitre is a cubic meter, the key of the measure is also a key to a measure of capacity.

DR. ALEXANDER MAYER has proposed a novel system of burial, which, while obviating the difficulties and prejudices which at present stand in the way of cremation, he claims to possess all the sanitary advantages connected with that ancient method of disposing of the dead. His system is simply to inclose the body in an opaque glass coffin, hermetically sealed, to drive out the air from this receptacle, and to replace it with carbonic acid, or some other gas of antiseptic properties. By these means the body would be preserved as well as if it had been embalmed, and burial could be deferred, if required, for any period.

AN ITALIAN HOSPITAL IN NEW YORK.—Ever since the death of Garibaldi the erection of some suitable memorial in his honor has been contemplated by the Italian citizens of New York. At first it was proposed to place a statue on the site of his former dwelling on Staten Island, but at the suggestion of the Chevalier, G. F. Secchi de Casali, editor of *L'Eco d'Italia*, it has now been decided to found an Italian hospital in New York instead.

THE AMERICAN MEDICAL ASSOCIATION will have no delegates from Albany county, N. Y., at its next meeting, its action in refusing admission to those of the State being the cause of the society declining to elect them. The association is thus rebuked, and will probably feel bad about it. *En passant*, the association was born in this city, and owes its paternity to this state.—*Albany Medical Annals*.

DR. VAN BUREN'S ILLNESS.—Dr. William Holmes Van Buren has been ill for the past few months, and his condition has caused alarm among his friends. Although only sixty-four years old, the doctor is suffering from the general debilitation which characterizes extreme old age.

THE AMERICAN MEDICAL ASSOCIATION meets June 5th, 1883, at Cleveland, Ohio.

A NOTABLE GATHERING.—HONORING MEDICAL MEN—RECEPTION GIVEN BY DR. JOHN V. SHOEMAKER.—One of the most notable gatherings of members of the medical fraternity was the reception given, February 2d, by Dr. John V. Shoemaker, at his residence, No. 1031 Walnut street, in honor of Dr. John L. Atlee and Dr. Alexander J. Stone, president and vice president of the American Medical Association. Physicians, not only of Philadelphia, but of New York, Washington and other cities were in attendance.

INFLUENCE OF ELECTRIC LIGHT ON HEALTH.—The influence of the electric light on health was lately discussed at a meeting of the Hygienic Society of Hamburg, and Dr. Kruss gave his views on the subject at some length. He referred to the influence of the electric light on the human eyesight, and expressed his opinion that it produces no evil effects, the light having a violet tinge under most circumstances. The electric light being free from the disadvantages incidental to the combustion of gas, in the consumption of oxygen and the production of carbonic acid, he considered its development as being a hygienic measure of importance.

THE Philadelphia correspondent of the *Medical Herald* says, "that as a practitioner among the people, Dr. Roberts Bartholow has not met with success in Philadelphia." After complimenting the several members of the faculty of Jefferson Medical College, he says: "As to turning out good doctors, this college needs no recommendation. It goes on the quantity plan rather than the quality. Short term, many lectures, two sessions only, cramming, easy green room, and a flowery commencement, will stick to the Jefferson Medical College as long as it pays."

THE CHICAGO MEDICAL JOURNAL AND EXAMINER is to be impersonal in its management; the names of the editors will no longer appear.

DECREASE OF THE ENGLISH DEATH RATE.—In half a century the population of England and Wales has increased 86.9 per cent. At a similar rate it would be doubled by 1936. The great cause of growth of late years has been the reduction of the death rate; thus the reduction of the death rate in the last decade is equal to the survival of 299,385 persons who would have died had the death rate been the same as in the previous decades.

EDITORIALS.

TROUBLE ABOUT AN AUTOPSY.—THE HOMŒOPATHS IN TROUBLE.—A few days ago, Mr. James Cox, of No. 974 Sixth avenue, made a complaint in court against Dr. William Bryan, resident physician of the Hahnemann Hospital, Lexington avenue, charging him with having mutilated the body of the complainant's brother, Mr. Samuel Cox, a pay patient in the hospital, in making an autopsy without permission from his relatives. The case was heard by Justice White in the Yorkville Police Court.

Dr. Bryan testified that Samuel Cox was brought to the Hahnemann Hospital on December 22d, and died of pneumonia on the 25th at five o'clock in the morning; his brother, Mr. James Cox, failed to call at the hospital after Samuel died, or to send any relative to care for the remains; the doctor waited all day to hear from the friends, and the body was left until the undertaker called in the afternoon, and said he was sent to remove the body without delay, even asking to do so without a permit; the doctor wanted to wait to hear from the relatives, but, as the undertaker was in a hurry, offered to make the necessary post mortem and let the undertaker go at once. This was done to enable the doctor to sign the certificate required by the Board of Health, some doubt existing as to the cause of the man's death. The post-mortem was skilfully and scientifically made, and the body delivered to the undertaker in good condition.

Such are the facts in regard to this most remarkable case.

Now, if a Homœopathic physician, so prominent as to be in charge of a hospital, has to make a *post-mortem*, before he can make a diagnosis, this Journal must make a public recantation of all that it has said in censure and ridicule of those who advocate consulting with Homœopaths. If Homœopaths can only make their diagnoses, by making *post-mortems*, it is clear that every regular and humane physician must consult with them.

In that precious, foolish jingle of words, in the new code of the New York State Medical Society, "emergencies may occur, in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." This is one of "the emergencies;" and the strongest advocate of the true and only proper code (that of the American Medical Association) must admit that, if a patient is ultimately to be cut up, before a diagnosis can be made, unless a regular physician will consult with the "legally qualified practitioner," this consultation

must be "perpetrated." Though, even under such circumstances, a regular physician must feel mortified and degraded by the transaction.

PHYSICIANS IN ENGLAND ARE LONG-LIVED.—The following physicians died at the respective ages mentioned: John Flint South, President of the Royal College of Surgeons of England, 85; George Samuel Jenks, 93—he served as surgeon in the Peninsular and at Waterloo; Price Blackwood Hallows, 81; Sir Robert Christison, 85; John Francis De Grave, late Master of the Society of Apothecaries, 92; John Lonsdale Minshull, 81; George Macilwain, 86; Sir James Alderson, late President of the College of Physicians, 87; Henry John Gore, F.R.C.S., 85; Staff Surgeon William St. George Davies, R. N., 96—he served as acting surgeon in the Norge at the bombardment of Copenhagen under Admiral Gambler, in 1807, and was in all probability the last survivor of that engagement; Henry Bell, 85; A. E. Blest, Indian-Army, 85; Staff Surgeon Cotton, 87; Edward Greatrex, Cold-stream Guards, 83; Edward Doubleday, 84; John Haxworth, 86; Sir Thomas Watson, former President of the Royal College of Physicians, 90; James Arthur Wilson, Senior Fellow of the Royal College of Physicians, 88.

A NEW USE FOR A MOTHER-IN-LAW—FOR THE BENEFIT OF SCIENCE.—At the office of Leitch Bros.' steam printing works, Cincinnati, are the remains of the mother-in-law of Mr. A. L. Leitch, one of the members of the firm, in a thoroughly petrified condition. The woman has been dead about twenty-five years. The body, according to the statement of a prominent physician, is in a state of adipocere. Mr. Leitch has been keeping it in his office since its arrival in Cincinnati, undetermined what to do with it, but his brother informed a reporter that they are contemplating placing it on public exhibition, *for the benefit of science*.

PROFESSIONAL OR AFFECTIONATE VISITS.—If a doctor is also a lover, can he, in case of death, charge for visits of affection as professional attendance? Such was the question just decided by Justice Chitty, London. The action was an administrative one, in which the next of kin of a maiden lady who left £4000 behind her complained of the charges made by her executor, a medical man, for executor's expenses and professional services. It appeared that the defendant had been engaged to be married to the lady, and though the match had been broken off, he continued to attend her for an internal complaint of

which she eventually died. The judge had to decide upon a charge of nearly £500 for medical services, of which £92 was for two visits a day for 377 days at 2s. 6d. each. The plaintiff contended that the visits were made as a lover, and not as a doctor. But Justice Chitty thought that as the charge per visit was very moderate, though the number of visits was perhaps excessive, he might allow him one visit a day as a doctor, and regard the second visit as that of the lover. As, however, a charge of three guineas a day for taking the lady for drives was allowed to remain, the doctor has not suffered severely for his devotion.

THE ADVANTAGES OF HAVING STILL-BORN CHILDREN.—A female correspondent of *Harper's Bazar* is gravely assured by the editor, in the column of "Answers to Queries" of a late number, that it would be entirely proper for her to go into society after the birth of a *still-born* child.

If the child, however, had been born living, the advice would have been different; modern society would make her feel the results of such an enormity.

DR. ST. JOHN ROOSA AND THE OLD CODE.—At the late meeting of the County Medical Society, Dr. St. John Roosa denounced the old code, that is the Code of Ethics of the American Medical Association. He described it as useless, tyrannical, and as controlling those who need no control.

This incident is very strongly suggestive of a description of the crab, as given to Cuvier by one of his friends. "The crab," said the friend, "is a fish; it is red; and walks backward."

When Cuvier read this description, he said, with a smile: "The crab is not a fish; it is not red; and it does not walk backward; but that, with these exceptions, my friend's description is accurate and admirable."

"SANE LUNATICS."—One of the local papers comments on murders by lunatics in the following fashion: "Another crazy man has been arrested in New York for dangerously stabbing a citizen. If New York should liberate the sane persons now confined in her lunatic asylums, she might perhaps find room for the incarceration of the numerous maniacs who are making life unsafe." It is difficult to believe that even the ignorant "alienists" of the daily press could utter such absurdities and fail to see the relation of cause and effect here plainly evident. It is because men are taken from asylums, where they are under proper care and custody by the verdicts of ignorant juries that murders by

Lunatics are so frequent. It is only a few months ago that a man was discharged by a Chicago jury as perfectly sane, who, soon after leaving the courtroom, shot and killed his wife and then himself, in consequence of delusions and hallucinations which were regarded by the jury as "harmless eccentricities." No one would think of determining the existence of Bright's disease by a jury trial yet a much more impalpable affection is tried every day by ignorant men, picked up in the streets, some of whom even are not legally qualified for jurors. The proper safeguard for personal liberty is strict supervision of the insane asylums. While there is but little doubt that most of the persons, if not all recently discharged from the New York Asylums as being sane, were really lunatics; still the statements of the superintendents that they had not examined the patients for months after admission, shows neglect, tending to produce possible evils, which can best be prevented only by strict supervision of asylums.

INDIAN CORN AND INSANITY.—Mr. Labouchère, in the London newspaper *Truth*, says that eaters of Indian corn go mad, and claims that a large asylum near Venice has received one third of its patients from such a diet. Mr. Labouchère has evidently had a dim, imperfect idea of the pellagrous insanity which is due to the ingestion of spoiled maize. It is obvious that the insanity so produced has about as much relation to the consumption of Indian corn, as the epileptic insanity produced by the ingestion of ergotized rye has to the consumption of properly prepared rye bread.

The New Medical Era and Sanitarian is the title of a new monthly, Dr. A. S. Chapman, editor; published at Kansas City, Mo., at \$1.50 a year; 48 pages. The first numbers are prepared with manifest care, and are most creditable to the author. It is a publication devoted very materially to sanitation, and for this reason and for its other intrinsic merits deserves to be well supported.

WHY THE MISSING LINK CANNOT BE FOUND.—The late venerable President Pond, of the Bangor Theological Seminary, on one occasion delivered an almost interminable harangue in opposition to Darwinism, winding up with the question: "If we are monkeys, where are our tails?" One of his tired auditors responded: "We have sat on them so long that they are all worn off."

A SCHOOL OF PHARMACY has been established in Louisville, in connection with the Polytechnic Society of Kentucky, which is to be devoted to the ed-

ucation of women in practical pharmacy. All who wish to see the field for woman's work enlarged, will be rejoiced to learn of this excellent movement.

Chambers's Weekly Medical Review.—Messrs. J. H. Chambers & Co., 405 N. Third Street, St. Louis Mo., have purchased the *Chicago Medical Review*, formerly issued semi-monthly from Chicago. It will hereafter appear under the title heading this notice, and will be transformed into a *weekly*, and will appear simultaneously in Chicago and St. Louis. Such an enterprise deserves commendable notice, and we cheerfully give it.

INSANITY AND TRAIN WRECKING.—The *Medical Record* makes the following rather foolish remarks on this subject: "Assuming as correct the comprehensive and octopus-like character of certain recent descriptions of insanity, it is hard to see how a train-wrecker can ever be proved sane. With due respect to science, however, society is obliged to look at these men for the present as vicious and responsible; and Governor Butler, in his inaugural, urges that laws be enacted for their suitable punishment. 'There is,' he says, 'one crime which indicates such depravity of heart, such disregard of life, such malice toward all mankind, that the doing of it should be visited with the swiftest and most condign punishment.' Every one will approve of this sentiment, and heartily wish that the legislation asked for will be granted." Under no definition of insanity, could the train-wrecker as such be regarded as a lunatic. His motive, previous history, and the circumstances of the crime would be the only basis for a diagnosis. If a man hitherto sane wrecked a train for purposes of plunder, no one except the experts, whom Tamassia (*Revista Sperimentale di Freniatria*) aptly designates as having made to order knowledge, empty heads, and hungry pockets, would pronounce him insane. On the other hand, if an escaped lunatic wrecked a train from hallucinatory or delusional motives, none but the same class of people would pronounce him sane. This way of acting was very well shown by the superintendent of the Utica Asylum in the Spiers case. Spiers, an inmate of his asylum, was insane till he attempted to burn the asylum, whereupon he was pronounced sane. Punitive legislation of the kind mentioned is the panacea of sociological empirics. When men were hung in England for everything, crime was more prevalent than at present. Sociology in a medical journal should be discussed from a scientific standpoint, and not in obedience to popular cant."

GAILLARD'S MEDICAL JOURNAL.

(THE AMERICAN MEDICAL WEEKLY.)

Scientia et Veritas Sino Timore.

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No. 9.

ORIGINAL ARTICLES.

CASE OF CIRRHOSIS OF THE LIVER IN A MAN OF SOBER HABITS. EXHIBITION OF MORBID ANATOMICAL SPECIMENS. A Lecture. Delivered at the Philadelphia Hospital, by ALFRED STILLÉ, M.D., of Philadelphia, Pa.

Gentlemen: I have to bring before you, to-day, a case which contrasts with those presented at the last lecture, except in the single circumstance of the development of the abdomen. Having observed the condition of the woman's abdomen distended by a tympanitic development of the intestines, I have now to call your attention to the case of an abdomen enlarged by an effusion of serum within the cavity of the peritoneum. I have told you, before, in regard to the existence of air, and I mentioned then incidentally in regard to the existence of serum in the cavity of the peritoneum, that each is always to be considered as a symptom of some other disease. We have an illustration of that proposition in the case which I am about to read. I wish you to notice particularly, that the habits of this patient are temperate; it is his own statement that they are so, and no doubt it is correct. This is a very important point, as we shall have occasion to show hereafter.

CASE.—*Edema of legs, ascites. Cirrhosis of liver in a temperate man.*

History.—Joseph H., white, born in Switzerland, æt. 64, a painter by trade, married, temperate; admitted January 8th, 1868. Was perfectly healthy until eight or ten months ago. Never had any form of periodical fever.

We have found this man to be *temperate*, we have now to add that the man *never had rheumatism*. I call your attention to these points for this reason: Here is a man with dropsy of the abdomen, and of the limbs, and you would naturally ask the question, is it caused by liver disease, and, if so, was the liver disease a consequence of intemperate habits? We

have answered that question by the patient's history; he is temperate. Then another question is, had the dropsy its origin in a rheumatic cause? No; he never had rheumatism. This is a natural inquiry, because rheumatism is connected with heart disease, and heart disease is connected with dropsy; such is the ordinary and regular chain of events. It does not exist here. So you see that, without going any further, we are a little at sea in regard to the causes of this dropsy.

The patient first noticed a swelling in the feet and legs, and two months after this, swelling of the abdomen took place rapidly, coming on in two or three days, though it did not reach its present size. For the last two months he has been getting weaker, and has not been able to eat much on account of vomiting, and has a burning sensation in the stomach after eating. His legs swell as soon as he gets upon his feet, and he exhibits an extreme susceptibility to cold. Three weeks ago the skin of both legs burst, and for a week he nightly lost about three quarts (?) of water, he thinks, for it ran through the bed and formed a puddle. Six weeks ago he complained of shortness of breath; this was worse at night than during the day.

Present Condition.—He has not apparently lost much flesh; eyes normal, skin dry, walls of abdomen œdematous, superficial veins remarkably distinct. The abdomen is immensely swollen, from the ensiform cartilage to the pubis, the umbilicus is protruding.

Upon succussion of the abdomen a decided wave is felt from side to side. The penis, scrotum, thighs, legs, and feet are all swollen very much, the dependent portions of the body the most so. There is no appearance of varicose veins. The abdominal swelling measures in circumference $43\frac{1}{2}$ inches, at the level of the umbilicus. The abdomen, on percussion, is dull over the whole surface when the patient lies upon his back, but when he is on his right side, there is resonance on the left side, showing that there is a fluid in the abdomen, and that it is

movable. Pulse 68, feeble. Impulse of heart very feeble also. Sounds of heart very clear and natural in tone and relative strength. Impulse of heart visible during inspiration, and exactly over the left nipple. Precordial percussion dulness extends from the upper edge of second to the lower edge of the fourth rib, and from the left edge of the sternum not more than inch and a half, so that there is no increase of the natural area of dulness in the precordial region. *Respiration* in the right lung, and in front, is clear, almost puerile; the same sounds are heard on the left side, except that there is a little dry crackling near the junction of the sternum and the second left rib.

Observe that the respiration over both lungs, in front, is almost puerile. You know, I presume, what puerile respiration is, that it has a high pitched and shrill tone. The cause of it, in this case, is very evident; it is due to the upward pressure of the abdomen. The abdomen contains a liquid which enlarges it, and in the same proportion diminishes the cavity of the thorax, so that the respiratory muscles have to draw air into a diminished space of vesicular structure, hence the puerile respiration.

In regard to the dry crackling, it may be difficult to assign a reason for it, the only recognized cause for dry crackling in this situation, being an emphysema of the lungs. You know what dry crackling is, I presume; if not, I will explain it before going any further. There are two kinds of crackling, the humid, and the dry. The humid is caused by the presence of fluid in the air passages, which may be derived either from the softening of tuberculous, or some other deposit in the lungs, or from a secretion of bronchial tubes of the second order. Dry crackling is produced by different circumstances; *e.g.*, where there is a somewhat tenacious fluid in the air passages or vesicles—thus a tubercular deposit in a state of commencing softening, will produce dry crackling. So in pneumonia, in the first stage, we have dry crackling, because the tenacious material which fills the vesicles in that period is not sufficiently liquid to give rise to the humid crackling. Now, there is another variety of dry crackling, which has a different quality from those I have described; and it is due to an emphysematous state of the lungs. Emphysema, you know, is produced by a distension of the air-cells of the lungs, and it is more apt to take place along the anterior edges of the lungs, than anywhere else, for the simple reason that these points are more distended during respiration than any other portion of the lungs. If you will notice yourselves while taking a deep breath, you will find that the walls of the chest move in the anterior portion

more than they do at any other part; necessarily, then, that portion of the lung which lies beneath this part must move most, and therefore yields most readily to any distending force acting from within. Now, whether this crepitus I have spoken of arises from the cause to which I have presumed to refer it, from emphysema, that is, may be a matter of question, but I can see no other cause to which it can with propriety be referred. Let us now return to our patient's history.

Behind, respiration is somewhat feebler on the right side than on the left. Percussion is everywhere normal behind, except where there is dulness on the right side from the spine of the scapula downward.

In this fact you have an additional reason for that puerile respiration; to those causes which I gave you awhile ago, we must add these signs of effusion into the right side of the chest pressing upon the right lung, and therefore diminishing still further the breathing space beyond what it was diminished by the effusion into the abdomen, consequently we have both an ascitic and a pleuritic effusion to lessen the capacity of the lungs.

The bowels are habitually constipated; urine very scanty, only a few ounces being passed during the day. The urine contains no albumen; the chlorides are present in abundance; it has an acid reaction, and a specific gravity of 1025.

Observe, then, here we have dropsy, but we have found no cause for it in the heart. It is a chronic dropsy; it cannot therefore be referred to the influence of cold upon the surface of the body, which is one of the most ordinary causes of acute dropsy. In all cases of acute dropsy occasioned by cold, the mechanism of the dropsy is precisely the same as in Bright's disease of the kidneys, although the cause is a transient one in the former case. There is, however, an acute dropsy, an infarction of the kidneys, and if it is allowed to go on it will result in Bright's disease. But in that case there is albumen in the urine, in the case before us there is none; therefore the absence of albumen in the urine excludes the supposition of kidney disease.

We have excluded, now, heart disease, and we have also excluded cold as a cause. Now, what have we left? There is another cause of dropsy, and, indeed, of ascitic dropsy, such as we have here; but at once a difficulty suggests itself in regard to it, which, I presume, has occurred to some of you—the ascites which we have before us was not the original dropsy; there was dropsy of the feet before there was any of the abdomen. We have no disease of the heart to explain this, and dropsy from

kidney disease does not, as a rule, commence in the feet first. There are, indeed, exceptions to this rule; you may have a dropsy appearing first in the feet, even when it originates in a kidney disease, though, as a rule, when it occurs from kidney disease it begins in the face, and in the feet in heart disease. Now, here we have already excluded kidney disease as the cause, and we have excluded heart disease, and yet the dropsy has begun in the feet. What other cause does a knowledge of disease lead us to suggest? Why, liver disease. Various forms of liver disease give rise to dropsy, but the only form which frequently occasions ascites, is that called cirrhosis. It consists of a sub-acute inflammation, if you choose to call it so, of the connective tissue, the tissue proper of the framework of the liver, not of the cells, not of the glandules, but of the connective tissue. The effect of it is, that the liver at first becomes enlarged, and a good deal so sometimes, and afterward the enlargement subsides, and the organ which was at first increased in bulk, as a consequence of this inflammatory process, becomes smaller; it contracts, it loses more than it had gained in size, and it goes on contracting more and more, until the proper function of the organ is interfered with, and the blood of the portal veins is prevented from freely passing through the liver. These portal vessels, derived from all the great organs of the abdomen, take into the liver all the products of chymification, and chylicification, and absorption, carry them along with the blood from various parts of the body, which finally reaches the heart after undergoing certain changes in the liver and the lungs. An enormous quantity of blood thus passes through the liver. Now, if the liver becomes contracted and hardened, it presses necessarily upon these large vessels which circulate through it, and of course impedes the progress of the blood through these vessels, and just in that proportion will that blood tend to accumulate behind the obstruction in all the vessels of the portal circulation. Now, if the blood vessels are distended beyond a certain point, their contents will tend to escape from them, that is to say, the corpuscles will remain, and the more liquid parts of the blood will escape; the water of the blood, and what it holds in solution, the salts, and the albumen, escape into the cavity of the abdomen, and thus they form dropsy. When a cirrhotic condition of the liver exists, it usually, at first, forms dropsy of the abdomen alone; ultimately, more or less, in the course of the disease the distension of the abdomen becomes so great, that it then constitutes a mechanical impediment to the return of the blood from the lower extremities, and

then swelling of the feet and legs takes place, so that this is, as a rule, the last effect—it is a result of the ascitic dropsy.

According to the statement of this patient, the dropsy began in the feet before there was any appearance of dropsy in the abdomen. I wish you particularly to recollect that fact, because the present is one of those exceptional cases which you should always have in your mind when you are attempting to make a diagnosis of disease. Having excluded kidney disease, having excluded heart disease, having excluded the influence of cold acting upon the skin and kidneys, having excluded disease of the spleen by his never having had periodical fever, there only remained the supposition of hepatic disease. We have found apparently, in this case, an exception to the ordinary course, in the fact that the dropsy occurred first in the feet, and not in the abdomen.

Now, let me give you a demonstration of the condition of this patient's abdomen. I call your attention to the condition of the umbilicus. You noticed in the woman before us the other day the condition of the umbilicus; in her case it was due to the presence of flatus in the intestines, and this particular portion of the parietes [of the abdomen] was somewhat held down by the anatomical arrangement of the parts beneath, it was depressed, but in this case it actually rises or pouts.

In many cases, and this fact you will perhaps do well to remember, the distension of the abdomen becomes so great (more particularly in women who have borne many children), that if dropsy occurs in them, the umbilicus gives way, it opens, and a tumor forms here over the umbilicus, composed of the integuments alone; and that gradually fills up with ascitic fluid from the cavity of the abdomen. After a time, when the effusion becomes so great as to require its evacuation artificially, all that you have to do is to puncture the thin walls of the umbilical tumor, and thus save the patient the pain of the operation of paracentesis. This is not a very common condition, but it is one well worth your remembrance.

On percussion, you observe, we have just as loud a resonance over the abdomen as I called your attention to in the woman the other day; but notice the difference in regard to the extent of this resonance. You will see how much air, and how much liquid there is. There is a circle, which I am now describing, which represents the whole amount of air contained in this abdomen—all the rest is serum. Have you any doubt of this? Notice accurately at what point the limit of the resonance occurs. When I get the patient

to lie a little on the other side, you observe that the point which a moment ago was entirely dull, has now become entirely resonant, simply because it is now the highest point, and is therefore occupied by air instead of liquid.

Let me now demonstrate the correctness of my statement in regard to the liver. On percussion you observe that here is lung sound, a loud resonance; that there is absolutely flatness, this is the characteristic percussion of the liver. You will observe the line of the dulness of the liver does not rise above a line little below the level of the right nipple, and yet this liver is pushed up by the enormous force of this ascitic effusion. Hence you will necessarily infer that the liver is small; these signs alone would prove it, but there are more. Let us go on with this percussion. We will place the patient as near as we can in an erect position, so as to allow the water to subside as far as it will. Here, on a line with the epigastrium, you have flatness produced by the liver; there, on a level with the umbilicus, a flatness produced by water, and here between the two you have a space in which the sounds are different from either. This point is no more than two inches below the upper line of the liver, so that the whole height of the liver is not more than two inches. Here, then, we have, beyond all controversy, a contraction of the liver, as the only apparent organic cause of the dropsy which we have been studying.

You will ask me the question, how can this man have cirrhosis of the liver, as implied by the contraction which it has undergone, and yet have led so temperate a life as he has done? You all naturally connect cirrhosis and excess in the use of alcohol together, and so in the vast majority of cases, amounting perhaps to ninety per cent, of all the cases of ascites depending upon cirrhosis, you will find them directly depending upon the abuse of alcoholic stimulants. But in this case there is nothing of the kind. One of the objects I had in bringing it before you, was to prove, what few other cases do, that you may have ascites depending upon cirrhosis, which cirrhosis is altogether independent of intemperance. One of the few similar cases which I have seen, was in a female who was not only temperate, in the usual meaning of that word, but perfectly abstinent.

Now, what are we to do for the relief of this patient? Can we cure this cirrhotic condition of the liver? I wish I could say there was a prospect of doing that, but there is none. What can we do in regard to the dropsy? Can we remove it? Yes, I think we can. What are the modes of accomplishing it? There are only two—by diuresis, and by

purgation. Which of the two is the better? My own impression is, it is better to unite both. Unquestionably it is that method which presents the most important results, and more particularly in cases like this, where the abdomen is so much distended, and where all the blood vessels are so much pressed upon, that diuretics are unable to act. It is utterly out of the question to expect them to succeed in such a case; all the digitalis, and acetate of potassa in the world would have no influence on the kidneys. There is only one thing we can do, then, and that is to use purgation; to use it in such a manner as to produce large watery evacuations, and reduce the pressure now exerted upon the kidneys, and, having done that, we can, with a better hope of success, introduce diuretics.

What class of diuretics should we use? There is only one comparatively worth any thing, and that is digitalis. We will use here, then, cream of tartar 3 i. , and jalap grs. xx. , which should be taken by the patient every day, and if this dose is not sufficient to produce several abundant watery evacuations, it must be increased. Supposing that under this treatment, as I think we may anticipate, the water should be reduced, then we may give digitalis, and I should begin with doses of ten drops of the tincture three times a day, and then gradually increase it until I reached fifteen drops, given three times a day, and then suspend it as soon as any slowness of the pulse was observed. My own belief in regard to digitalis is this: that it is not a sedative to the heart; on the contrary, I believe that it increases the power of circulation, *that it gives tone to the heart*. If you weaken the heart by blood-letting, by purgation, by no matter what, how does the heart manifest their influence? By an increase of its frequency, and a diminution of its power. You may even, by those means, render it irregular and fluttering. But such is not the effect when you give digitalis. The movements of the heart may become slower, but they become stronger, and it is probably in atrophy of the heart, in softening of the heart, in dilatation of the heart, in irregularity and weakness of the heart, from any such causes, that digitalis finds its proper field. However that may be, I repeat, that digitalis cannot be expected to act as a diuretic in a case like this, until purgation has produced a considerable discharge of water.

Before the patient is removed, gentlemen, I will show you the condition of his legs. You will remember in the history which I read to you, it was stated that a large discharge of water had taken place spontaneously by the rupture of the integuments. I show you one of these legs; it was from these

superficial ulcers that the discharge of water took place. The swelling of the legs, you will notice, is by no means in proportion to the swelling of the abdomen.

I had proposed to bring before you two other cases to illustrate other phases of dropsy, but our time is so nearly expired, that I think it is better to call your attention to some pathological specimens. The two other cases of dropsy I had to show you are both marked by heart complications, and by very peculiar musical sounds in the heart. If nothing happens to prevent it, on this day week I shall have an opportunity of showing them to you, and of giving you an opportunity to hear these sounds. What is peculiar about them is, that there are two kinds of sounds in each case, and that both patients are negroes.

You may remember, gentlemen, I showed you the other day a cancer of the mesentery and of the transverse colon. You will remember the appearance of the tumor which stood out in the centre of the abdomen, and which, during life, formed a very conspicuous object, and one very readily distinguishable both by the shape and hardness on palpation.

This tumor is now laid open, and you observe the appearance of the interior of it. This whitish appearance, striated somewhat with deposits throughout of a jelly-like substance, exhibits in a single tumor two forms of cancer, that is to say, scirrhus and colloid cancer. You will remember that the transverse colon adhered to the parietal peritoneum, and on attempting to separate the one from the other, that a small rupture was made which opened directly into the bowel.

I wish to show you the appearance of the interior of these organs. Here is the stomach, and on its anterior face, you will notice, what we did not see on the previous occasion, an immense cancerous ulcer. It occupies a somewhat unusual position, namely, the anterior wall of the stomach, and that exclusively. It is also, in the greater curvature, which, again, is unusual. This portion of the stomach is ulcerated, quite soft, eaten away, with a fungus appearance, and you observe its immense size. A portion of this certainly is of the same colloid material which I showed you before. I cannot ask you to judge of this yourselves, you will have to take my word for it. You will notice, however, at this point, a jelly-like or a glue-like appearance, it is semi-transparent, it is somewhat rough, and answers perfectly to the appearance of colloid cancer. This patient was not suspected during life of having cancer of the stomach at all, nor was it considered very clear whether she had cancer in any

organ. For my own part, as I saw her only once before death, I had no hesitation in affirming that she had cancer of the mesentery; how much more there was I could not tell.

Why was there nothing to suggest cancer of the stomach? The reason is this: Here is, indeed, an immense cancerous ulcer in the stomach, but observe the position that it occupies. It involves the anterior wall of the stomach, it does not interfere with the pylorus nor the cardia at all, so that there was no reason here such as exists in the greater number of cases of cancer of the stomach why vomiting should have been among the symptoms. When the pylorus or the cardia is the seat of the cancerous growth, vomiting is inevitable. When the cardia is obstructed, the food is regurgitated rather than vomited. But there was neither regurgitation nor vomiting in this case. Please to learn, also, from this case another important fact, it is that you have in the same tumor these two different kinds of cancer, at least, and, I am not quite sure, from this superficial examination, whether there is not encephaloid cancer also.

Now, from this it would appear that these forms of cancer are only different varieties of the same disease, the peculiarity of the mode of growth causing the differences in appearance.

In this case two thirds of the pancreas were also in a state of cancerous degeneration: In that organ scirrhus predominated.

I have still another very interesting specimen here to show you. You know that one of the terminations of phthisis, of tubercular phthisis, is the formation of cavities in the lungs, those cavities generally producing a gradual and ultimately a complete occlusion of all the blood-vessels which circulate around it. Sometimes, however, the destruction of the lung-substance is so rapid, or owing to other causes which are difficult to appreciate, the blood-vessels are not thus gradually destroyed, they sometimes remain more or less perfect even when the destruction of the lungs has gone on to a considerable extent. So complete is this preservation of the artery, indeed, that cases are on record where a considerable cavity has been formed by the destruction of lung-substance, the centre of it being traversed by an artery circulating blood, so that the final opening of the artery has resulted in the pouring out of an enormous quantity of blood and the almost instant death of the patient. I show you, in this case, a blood-vessel traversing a cavity, not through its centre, but upon one side; by the progress of ulceration the artery was eroded, and a large quantity of blood was suddenly poured out, deluging the lungs

and causing the death of the patient in the course of two or three minutes.

In the middle part of the upper lobe you will notice a large cavity, and in that cavity a large clot of blood, somewhat changed now from being more than a week old. This blood filled and distended the cavity and filled and distended all the air passages up to the mouth, and of course the result was that it suffocated the patient. It did not run into the other lung, but, filling the trachea, it of course cut off the supply of air. The difficulty of breathing and the loss of blood together, were the causes of death; but the great loss of blood was the cause of the sudden death.

This kidney is from the same patient, and if I might judge from its appearance merely, I would say that it has undergone fatty degeneration. You will notice that the cortical portion of the kidney is very pale indeed, and has that peculiar yellowish paleness which belongs to fat. It is quite possible that, on microscopic examination, this kidney would be found to have undergone fatty degeneration. In that connection, let me say to you that the disease of the lungs, which resulted in the accident from which the patient died, is a very common complication of Bright's disease of the kidneys, wherefore it is quite possible that the origin of the patient's disease may have been in the state of the system which gave rise to the degeneration of the kidney in the first instance, and that the phthisis may have been a secondary affection. The intestines here exposed are from the body of the same patient, they are covered from one end to the other with tuberculous ulcers.

But what is of much greater interest is this larynx—there was complete aphonia. I present to you here the larynx laid open, and you see the ulceration of the interior and of the vocal chords, especially upon the left side, and, not confined by any means to them, extending upward to the ventricles of the larynx, and involving the epiglottis cartilage, and that upon both sides.

You may remember the patient who was before you last week who had marked alteration of the voice, but not complete aphonia. He had a constant cough and a muco-purulent expectoration, of which from half a pint to a pint was ejected every night. I exhibit to you his larynx, and wish you to contrast it with the other one. Instead of the ulceration which is exhibited in the larynx which I have presented you just now, you will find here evidences of chronic inflammation without ulceration; that is to say, there is a thickening of the whole mucous membrane, a slate color of its entire surface, and in the left vocal chord is a small tumor, or if you

choose, an œdematous condition, which is a remarkable one, and one which I should be glad to have an opportunity of studying more minutely.

I present to you the lungs of the same patient; and before opening them, I call your attention to this fact—you will notice that they retain the natural shape of the lungs entirely, although removed from the body, just as if these were casts of the lungs, and not the lungs themselves. When I take hold of the lungs and feel them, in this way, they appear to me to be solid, and the upper part feels more solid than the lower. I percuss this lung, and you observe that it sounds dull. I percuss the lower portion of the opposite lung, and find that it is more or less resonant, not absolutely, but much more resonant than the upper part of this one. I make an incision from the base to the apex of this lung, and you see at once, by the sharpness of the edge of the incision, that it has become solidified, that it is entirely infiltrated with a plastic material. It is quite solid, solid as liver. This is one of the stages of pneumonia; and I would call it, from its appearance, from the extreme hardness, the chronic stage, or gray hepatization. In the opposite lung, this condition is not so palpable as in the one just examined. You observe how much air escapes from the incision here, and how little there is in the opposite lung.

Before leaving you, gentlemen, I will exhibit to you a spleen which may be considered a model spleen in regard to the particular lesion which it represents. The case was a remarkable, indeed an exceptional one, in this that the patient, having tubercular peritonitis, and tubercles in all the solid organs in the abdomen, had *none in the lungs*. You will very seldom see so remarkable a specimen as this. It is peculiar in several respects, and among others you will notice each tuberculous deposit looks rough; each deposit looks like a chestnut burr or like a calculus; while, more frequently, the outline of these tuberculous deposits is quite regular and rounded.

In the liver of the same patient, there were small tubercles scattered about. The intestines were mottled all over with tubercles, but it is certain that, after a careful examination, no tubercles could be found in the lungs.

WOUNDS OF THE BRAIN. BY J. W. BRYANT, M.D.,
Petersburg, Va.

THE cases reported by Drs. McKenzie and Beckwith in a late number of this journal recall to me a case of fracture of the skull which I attended in 1880, and of which I made the following notes.

I have decided to report the case, as in some respects it is peculiar and proves what severe injuries the brain may receive in some cases with no bad result.

A young negro man was struck on the head with a scrub-brush while at work in a tobacco factory on the 13th of March. He did not fall from the blow, and had very little trouble from the wound, except that a splinter was left in his head which he thought "would work out." I saw him first on the evening of the 19th, and found a suppurating scalp wound on the right side just over the parietal protuberance, and in it was the "stick" firmly driven into the skull. There were no unfavorable constitutional symptoms whatever. Ate and slept well, pulse 75, temperature normal, and no pain or heat about the head, except what might be expected from any scalp wound. I tried to extract the splinter with a pair of dressing forceps, but it was held so firmly in its place that I could not move it. The next morning, Drs. Leigh and Stockdale assisting me, we succeeded in removing, without an anæsthetic, a piece of maple wood $1\frac{1}{4}$ inches long and $\frac{1}{4}$ of an inch thick. About $\frac{5}{8}$ of its length had been driven through the skull and membranes and into the brain tissue. There was very little hæmorrhage, and as there were no symptoms of compression we did not trepan.

21st. Condition about same. Slight discharge from wound.

22d. Discharge more profuse, very restless during night, pulse 70, no appetite.

23d. Very restless, anxious countenance, profuse discharge, some pain in the head, pulse 70, no appetite.

We decided to operate without further delay. Drs. Leigh and Budd being present, I enlarged the scalp wound, and with the conical trephine bored through the skull at the edge of the fracture, and removed five pieces of loose bone, a piece of felt hat, and some hair. The inner table was broken off in a triangular piece $\frac{3}{4}$ of an inch across, and driven into the brain. Very little hæmorrhage followed its extraction.

The scalp wound was closed on either side, having an opening over the fracture, and cold carbolized dressings applied. Chloral, gr. xx. Potass, Brom. gr. xx. was given every five hours for some time after the operation.

Not one bad symptom followed, the wound healing by granulation in about four weeks.

In this case the splinter remained in the brain six days, and the pieces of skull, hat and hair eleven days, and at no time was there one serious symptom.

At this time the man is at work in the factory, and has had no trouble since the wound closed. I think it would be safest in these cases to trepan at once, even where there are no symptoms of compression, as there is no estimating the damage which a piece of loose bone or other foreign body, however small might cause, if left for a short while.

CHRYSOPHANIC ACID. By C. S. WEBB, M.D.,
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In the AM. MEDICAL WEEKLY I notice that chrysophanic acid has been used with great success by an English physician in the treatment of ringworm. The doctor also says that he is "not aware of it having been used hitherto" for such a purpose. For the last four years I have used chrysophanic acid in the treatment of ringworm, and have cured, I believe, every case to which it has been applied. I write this for the benefit of "our English cousin," for I presume the use of this remedy for the purpose indicated is not altogether unknown to American physicians. I do not claim any originality on this point, as I obtained the hint in 1878 from Dr. John R. Quinan of Baltimore in the course of a conversation with him. He did not tell me, nor did I ask him, who first applied the acid to the cases in question; but as he is a man of eminent learning I did not hesitate to adopt his prescription. The result has always been satisfactory. Just here, I will mention a thought that has been in my mind for some time. Ought not practitioners in the country, and in small towns, to give the medical press the benefit of their experience in peculiar forms of disease and in the use of new remedies? I am fully convinced that statistics are not as complete and the use of remedies not so well understood as they might be if more attention were given to the building up of the literature of our profession by the average practitioner. Of course I do not mean to say that every physician who observes a cure to follow some new line of treatment should rush into print and declare that he has discovered something wonderful and of great importance to the profession. This would not do for we all know that many persons get well not *because* of the treatment, but in spite of it. But I mean to say that every physician should study the relations of cause and effect, and when after repeated trials he finds that a certain result follows a certain line of treatment, he ought not to keep this knowledge only for his office talks and consultations with his brother practitioners, but he ought to give the profession the benefit of it through the medical press. I am satisfied also that many cases come to the notice of the obscure practitioner, that are never

heard of outside of his neighborhood, that would be deeply interesting to the profession and would add to its literature. But some of our best physicians are either too modest and retiring or too indifferent (chiefly the former) to write for the press, and hence their ripe experience is buried with them. What is the remedy?

ORIGINAL ABSTRACTS.

PULMONARY OPERATIVE PROCEDURES.—Dr. E. Bull (*Nordiskt Mediciniskt Arkiv Band XIV.*, No. 31), has found, after extended research, in literature nineteen cases in which pulmonary incisions were made. In five of these no definite diagnosis was obtainable from the imperfectly detailed cases. Of the remaining fourteen two were cases of bronchiectatic cavities; one a cavity bronchiectatic in character secondary to pneumonia; five pulmonary abscesses; two cases of tubercular cavities; three of pulmonary gangrene and one of pulmonary echinococcus. Two of the cases recovered; one of gangrene and the case of Fenger last mentioned; two were markedly improved, and seven more or less so. In the remaining three there was no improvement. Dr. Bull claims that all operations should be undertaken with antiseptic precautions. These operations are seemingly of value in phthistical cases as a means of disinfecting cavities and thus relieving cough and preventing auto-infection.

NERVE SUTURE AND TRANSPLANTATION.—Dr. E. G. Johnson (*Nordiskt Mediciniskt Arkiv Band XIV.*, No. 31), cites fifty-two cases of nerve suture which he has found in literature, to which he adds some cases communicated to him personally. He has performed sixteen experiments in nerve suture; uniting in these cases the totally dissevered ends of a sciatic nerve with a catgut suture. The suture in nine cases was direct, in seven indirect. Union by first intention did not take place. The passage of nerve impressions was established after the fortieth day in rabbits, after the thirty-first in dogs, and after the twenty-fifth in hens. In twenty experiments made upon rabbits the cut ends of the sciatic were not united; nervous conduction was not established till after the sixtieth day. Microscopical examination showed that the nerve structure was re-established about the sixtieth day after the operation in case of nerve suture, and about the seventieth in case of simple section. The difference in nervous conduction was marked in the two cases. In nerve section without suture trophic changes were frequent;

with suture they were absent. He recommends nerve suture as deprived of all danger. In fifty-two cases of the operation in man there was no bad result, and nervous conduction was established with comparative rapidity. Indirect suture is preferable to direct. Kaufmann, in 1880, successfully transplanted a dog's sciatic nerve in the human being, and from experimental results Dr. Johnson believes that this example should be followed in cases where indicated. He leaves to future experimenters to determine whether nervous conduction is established most promptly and thoroughly by suture or, as was proposed by Vainclair, by placing between the severed ends a tube of calcined bone.

EXCISION OF THE KNEE-JOINT has been performed in Italy forty-six times. Thirty-nine of the cases were for disease, five for angular ankylosis, and one for traumatic lesion. Thirty-two of the patients recovered, nine of them died, and secondary amputations were performed on the other five.

PANICS AND THE NERVOUS SYSTEM.—*The Lancet* says it is not of much use asserting that assemblies of sane persons ought not to become victims of panic, but, in truth, unless the nervous system of man could be reconstructed on a new principle, which would necessarily deprive it of some of its most excellent qualities, it is impossible that there will not always be a tendency to impart and receive this impression, which so powerfully affects the body and mind that judgment is for the time suspended, and the limbs either refuse to act impulsively or under the control of the emotional part of the being. Discipline is the only remedy for a tendency to panic. This is another indication of the dilettanteism of *The Lancet*. The highest forms of nervous systems are found in persons not affected by panics, and women and men in whom there is a lack of control of the lower centres are like the lower animals, horses, etc., very liable to panics.

COLOR BLINDNESS.—Dr. E. J. Mellberg (*Nordiskt Mediciniskt Arkiv Band XIV.*, No. 31), has made a series of observations on the female pupils of the schools to the number of two hundred and thirty. Of these one hundred and seventy-one were normal, three had an incomplete sense of color, one was red blind and one violet blind; five could not distinguish light yellowish-green and rose color, eight could not distinguish between bluish-green and pure green, and twenty-eight could not make either of these distinctions. Thirteen had a feeble color sense. He has also made a re-examination of the boys, examined by him two years before (*Nordiskt Mediciniskt Arkiv*,

Band XII.). The absolutely color blind had not changed, while of the others some had improved and some had grown worse. Exercise, in his opinion, has no influence on color blindness, but an incapacity to distinguish colors, which appears to depend on a general feebleness of the visual organs, may be changed by age and accidental circumstances. This feebleness is most marked as regards the extremes of the spectrum. Persons suffering at first from feeble color perception may later on develop true violet blindness.

THE ODOR OF DEATH.—Dr. E. A. de Cailhol, St. Louis, claims (*Southern Clinic*) that he is able to tell when death is to occur in his patients by a peculiar odor which he smells, or sensation which he feels. He claims that he is able to detect this odor within twelve to forty-eight hours before death. Skoda was wont to sniff his pneumonic and typhus patients, and give a bad prognosis when he perceived the corpse-like smell. Crompton of Birmingham noticed an earthy odor in patients a week or two before death, and claimed that he had never been deceived.

SYPHILIS IN ANIMALS.—It is very generally believed that syphilis is not communicable to animals. This belief is erroneous. Dr. Spitzka has the skull of a *Chacma* baboon which clearly demonstrates that the animal had tertiary syphilis. Dr. Martineau has recently exhibited (*Progrès Médical* January 20th, 1883) at Paris Hospital Society a beautiful preparation of the genitals of a monkey, which animal had been inoculated with syphilis in December. The indurated chancre resulting was well defined. The stage of incubation lasted twenty-eight days, and the stage of cicatrization twenty-seven days, which is very similar to what occurs in man when the chancre passes untreated. Inguinal adenitis was well marked. January 10th mucous patches made their appearance, preceded by a slight hyperpyrexia.

COTOINE IN DIARRHŒA.—Dr. Albertoni (*Annali Universali di Medicina e Chirurgia* September, 1882) claims concerning cotoine that it is indicated in the diarrhœa so often found in the insane. That it gives excellent results in idiopathic chronic intestinal catarrh. It is indicated also in the diarrhœas of marasmus, malaria, and phthisis. It will be found useful in infantile diarrhœas of all varieties. He believes it is one of the most important of the late additions to the *materia medica*.

LOW TEMPERATURE IN ALCOHOLISM.—Dr. E. Bull (*Norsk Magazin for Lægivenskabeus Band, XII.*) re-

ports a case of acute alcoholism which entered the department of the hospital under his charge. On the patient's entrance the rectal temperature was found to be 87° F. Under treatment it rose rapidly to 98° F. The treatment consisted in cutaneous excipients. Temperature as low as this is also reported.

DETACHMENT OF THE CHOROID.—Dr. Hjort (*Nordiskt Mediciniskt Arkiv Band XIV.*) cites nine cases in which detachment of the choroid occurred, and to these adds one case coming under his own observation. The separation was the result of violence. There is diffuse obscuration of the vitreous body. The fundus of the eye was red, mixed with grayish-red, toward the base there was a narrow shining spot yellowish-white in color resembling a striation (choroidal rupture with $\div 10$ D. There was perfectly seen the papilla and the external half of the fundus of the eye, the interior was only visible with a feeble convex glass up to $+ 1$ D. No clear limitation between the parts. This case Hjort believes to be one of traumatic choroidal rupture with secondary cicatricial shrinking and detachment of the choroid and retina by a serous exudation. This case is of importance, insomuch as : First, it corroborates completely the elements of differential diagnosis already established by Liebrich between detachment of the choroid and retina. The reddish-gray color, the lack of folds and fluctuation, but principally the fact that the vessels or intervascular spaces of the choroid can be seen ; Second, that the detached part may continue to functionate for a comparatively long time, when the choroid and retina remain in contact ; Third, that detachment of the choroid may be produced by a secondary cicatricial shrinkage after a choroidal rupture ; Fourth, that a similar state may remain stationary for a long time without leading to phthisical degeneration of the eye.

SALIVARY CALCULI.—Dr. Rabère (*Journal de Médecine de Bordeaux*, January 14th, 1883), reports a case of spontaneous expulsion of two salivary calculi which presented the following peculiarities : First, there were attacks of gastralgia in the production of which the calculus was not without influence ; Second, there were extremely painful irradiations to the ear on the same side, not hitherto noted in similar cases ; Third the calculi were expelled spontaneously, a not exceptional but equally infrequent occurrence ; Fourth, there were two calculi. Salivary calculus is usually uniform.

NOTE.—These Norwegian articles show that the doctors there are thorough and scientific.—E. S. G.

SELECTED ABSTRACTS.

TREATMENT OF THE PLACENTA AFTER ABORTION.—Dr. Stanley P. Warren, of Portland, presented a practical paper on this subject at the late meeting of the Maine Medical Associations, in which he classified abortions under four heads, advocating primary extraction of placenta without leaving the result to nature, observing, of course, all proper precautions with reference to shock and hemorrhage.

Class 1.—Sudden flooding, cervix open, severe shock, and it is unknown whether the placenta has been expelled or not.

Class 2.—Moderate hemorrhage; the fœtus has recently been expelled; the cervix open and the placenta within reach; general condition good.

Class 3.—The fœtus had been expelled for some days; the secundines are retained; the lochia are fetid and some form of septic inflammation is present in the pelvic cavity.

Class 4.—There has been more or less flooding; fœtus has been expelled; cervix is closed, and the placenta cannot be reached by the finger; general condition good.

Cases were cited illustrating each of these divisions, and facts presented as to the subsequent condition and labors of these patients.

For the first class the Doctor recommended procedures which should relieve shock and check hemorrhage, and as soon as reaction was well established, the contents of the uterus, if any should be removed.

In the second class there seems to be no question as to the propriety of immediately evacuating the uterus, if the placenta is free and can be removed without preliminary dilatation of the cervix. It is to be regarded as simply a foreign body. There is less danger of injury to the tissues with the finger than with the curette; it also has the advantage of the sense of touch. The curette, on the other hand causes less pain, and may be used with or without the speculum; has not found the ovum forceps as safe as the curette, still less than the finger, and ought to be used very cautiously in the uterine cavity.

In the third class, where we have present or impending some metritis, no good reason obtains why the uterus should not be, within twenty-four hours, relieved of its contents and thoroughly cleansed; the cervix is usually patent and requires no dilation; a dull curette, followed by intra-uterine, non-carbolized injection, will accomplish every desired object in the way of removal. The quicker the focus of infection is taken away, the less is reparative action delayed and septicæmia to be expected.

In dealing with class third, when the fœtus is ex-

pelled, but the placenta shut up in the uterine cavity, obstetricians must choose whether they will "do nothing," relying upon rest and opiates, or mechanically dilate the cervix, perhaps, with a sponge tent, and, as they say, "let nature take her course," or they may remove the placenta within twenty-four hours after the expulsion of the embryo, using dilators for some hours before operating, or dilating with the finger and immediately extracting.

On these points of procedure the most distinguished obstetricians and gynecologists in the country differ.

It has been urged in objection—

1. It is unnecessary, since the vast majority of patients do well if let alone.

2. It is the finger, curette, or forceps that does the damage, rather than the retained placenta.

3. It is very difficult, perhaps impossible, to remove an adherent placenta, and septicæmia can be caused by a placental tuft as surely as by the entire organ.

To these objections the Doctor replied:

1. These tonic contractions are essential to the arrest of hemorrhage; there cannot be tonic contractions until the placenta is expelled, and the less will be the hemorrhage existing or possible.

2. Anxiety in both patient and physician will be prevented by an early completion of the abortion.

3. Time is gained in uterine involution.

4. Absorption of putrelage from retained secundines is unquestionably the most frequent sequel in abortion; when the uterus is thoroughly disinfected, septicæmia is evidently imaginary. Possible accidents from manipulation are not a sufficient reason for permitting a placenta to be removed by decomposition, ignoring the fact that self-imprisonment must be imminent; by early removal, therefore, of the placenta, septicæmia is prevented.

5. Clinically, after abortion, metritis can rarely be traced to direct mechanical violence. If lesions have occurred in the process of extraction, infection in an empty uterus must be slight when compared with one in which the entire absorbing surface is exposed and covered by a decomposing placenta.—*Medical News.*

TRANSLATIONS.

HERNIA OF THE SIGMOID FLEXURE OF THE COLON.

By M. LADROVITE, Interne of the Hospitals.

Translated from the *Progrès Médical* of Dec.

30th, 1882, by H. McS. Gamble, M.D., Moorefield, West Va.

This case was observed at the amphitheatre in a

man who had succumbed to a pulmonary affection and was the subject of a left inguinal hernia, of the variety inguino-scrotal, to which attention had never been especially attracted during the life of the man.

On incising the envelopes of the tumor, we find that its contents are composed of the inferior extremity of the descending colon, embracing the whole extent of the sigmoid flexure. The hernia belongs to the external oblique variety, and the composition of its envelopes, as well as its relations, are the same as those of all hernias of this kind; the epigastric artery runs to the inner side of the neck.

The elements of the cord are not spread over the tumor, as is observed in very old hernias; they are but slightly separated, and occupy the inner side of the sac. The deferent canal corresponds to the inner and posterior part of the sac.

The hernia is provided with a complete peritoneal sac. Its external surface is but loosely united to the other envelopes, and is easily separated from them by slight traction; its base occupies the scrotum, but does not reach the testicle from which it is separated by a distance of about two centimeters.

The internal face of the sac is shiny and smooth, and presents no trace of inflammation. The intestine is equally sound. On a level with the neck, we do not meet with that narrowing so common in old hernias habitually badly supported. However, the hernial knuckle is only partially reducible. There existed, in effect, at the posterior and inferior part of the sac, a little below the neck, adhesions which hindered the reduction of the intestine. In examining them attentively, we remark that they are not of an inflammatory nature and do not resemble by any means those we observe between the epiploon and the internal face of the sac in epiploic hernias, nor even in those which are formed at the level of the epiploic appendages, in old hernias of the large intestine which have been the seat of inflammation.

In fact, in the case engaging our attention, the adhesions, sufficient to oppose the reduction of the intestine, so long as the sac preserved its normal connections with the neighboring parts, disappeared completely when after having separated the sac from the other envelopes we pushed it back into the abdomen.

Reflections. We have here, in fact, an example of normal adhesions which are met with in certain hernias of the large intestine, and which have been so well studied by Scarpa. In fact, the sigmoid flexure, as well as the other parts of the large intestine, is attached to the peritoneum which covers the posterior wall of the abdomen with membranous folds (meso-colon). When a hernia of this part of

the bowel is produced, the hernial sac is formed ordinarily by slipping of the peritoneum which covers the ileo-lumbar region, and, consequently, by the folds of this membrane which fixed the intestine in its natural situation (iliac meso-colon) and it is these normal folds which constitute the adhesions in this variety of hernia, whence the name of natural adhesions which has been given them.

Generally, the peritoneal folds under consideration are long enough to permit the easy return and escape of the hernial knuckle; but in our case, it was not so, for, as we have said, it was impossible to reduce the hernia completely. Hernia of the sigmoid flexure is moreover rare. Velpeau said that he had never seen but two in his whole career, and Tenain, in his thesis "upon the organs contained in hernias" regards them as the least frequent of all the intestinal hernias, and believes that this portion of the bowel is met with only in the most voluminous hernias, which did not exist in the case we publish, the hernia being of moderate size and containing the sigmoid flexure alone.

SELECTIONS.

RECENT PROGRESS IN FORENSIC MEDICINE. By
F. W. DRAPER, M.D.

THE MEDICO-LEGAL RELATIONS OF RUPTURE OF THE
SPLEEN.*

Dr. Pellereau, whose position as police surgeon and medical attendant at the prisons in the island of Mauritius enables him to speak with authority from his experience, states that in that tropical climate one of the most common causes of sudden death is the rupture of the spleen. Under the influence of malaria the organ takes on changes in its capsule and in its substance which favor this accident; its size is largely increased and its firmness is lessened, so that it is easily fractured. A table is given by the author which shows that of fifty-four cases of sudden and violent deaths occurring in two years and a half, and requiring his investigation, thirteen were caused by rupture of the spleen, nine being the result of blows or falls, and four having been of spontaneous origin.

The symptoms of rupture of the spleen, as observed by Dr. Pellereau, were those of collapse, more or less severe. There is pain, of a sharp and transitory character, referred to the left side; generally the patient falls with a cry, and presses his hand over

* Annales d'Hygiene et de Médecine Légale, March, 1882, page 223.

the injured part. Hæmorrhage is the immediate cause of death, and the symptoms and suddenness of the fatal result depend largely on this hæmorrhage, its amount, and its source, and this in turn on the extent and situation of the rupture. Most of the symptoms, especially those which follow the initial shock, are attributable to the loss of blood. The post-mortem appearances, too, are largely the familiar ones of anæmia. The lesions found in the spleen vary greatly in depth and shape, as well as in situation and number. Sometimes they are longitudinal, at other times circular; they may be triangular or stellate; their borders may be smooth, as if cut with a knife, or they may be irregular and indented.

The author concludes his observations with answers to probable medico-legal questions that may arise in connection with rupture of the spleen. He declares that in tropical countries the organ being hypertrophied and softened its rupture is easy, the slightest violence being sufficient to produce that result; in other countries, where malaria is uncommon, the injury requires a considerable degree of force. Under favorable conditions in the organ itself the spleen may be ruptured by *contre-coup*. There is no way of distinguishing traumatic from spontaneous ruptures except by the presence of external lesions, and these are exceptional. The spleen may be broken by a blow or a fall without any contusion or external indication of violence whatever. A man can go about or continue his work, indeed, after his spleen has been ruptured; he may live for days, long enough for a secondary peritonitis to be developed, but generally death follows in a few minutes, or hours at the most.

ON RAPE DURING HYPNOTIC SLEEP.*

In the winter of 1880-81 a "magnetizer" visited Neuchâtel, and by his public exhibitions of his powers created a "magnetic" epidemic, especially among the young people. One of the results of this excitement became the subject of a judicial investigation. A young woman applied, through her pastor, for accommodations at a lying-in hospital for her approaching confinement. She declared that she was eight months pregnant, and that her pregnancy dated from one evening when she was alone with a young man who had the power of "magnetizing" her, and who had violated her after he had put her to sleep. The case came to the notice of the district officers of justice, and Dr. Ladame was required to answer, as an expert, the following questions:

(1.) Is the statement of Maria F. to be regarded as trustworthy in its general features?

(2.) Did the sexual connection take place under the conditions described by her and without her ability to account for it?

(3.) Was her will wholly paralyzed, and could she not have resisted her seducer?

(4.) Is conception possible when the woman is in a state of absolute insensibility?

Dr. Ladame, in his reply to these judicial inquiries, first calls attention to the novelty of the subject in its medico-legal relations. He states that only four authentic cases of the kind in question are on record in medical literature. Liman, professor of legal medicine at Berlin, declares that in his experience of twenty years as a medical jurist he has not seen a single instance of magnetic sleep, and that he has never been called upon to pronounce upon a criminal case relating to magnetism. Hofmann, of Vienna, likewise asserts that he does not know a single case recorded in German literature of rape during hypnotic sleep.

In France the first case published occurred in 1858. MM. Coste and Broquier, the experts in this case, summarized their conclusions as follows: "We think that it is possible that a young woman should be deflowered and impregnated against her will, her powers of volition being overcome at the time by magnetism." The experts in this affair remarked further that "if a young woman under the influence of magnetic sleep is insensible to all sorts of pain, it seems reasonable to admit that she can undergo the act of sexual intercourse without any voluntary participation in it, without, indeed, any knowledge of it, and that consequently she could not forcibly resist it." Deverige agreed, in consultation, with these conclusions, although he called attention to the great ease with which magnetic sleep could be stimulated under such circumstances. Tardieu gave a qualified assent to these opinions, but remarked particularly upon the possibility of deception.

In a second case (1865) the experts expressed themselves in nearly the same terms as did those in the affair just related. A third case was published by Tardieu in 1878,* and a fourth, and the latest on record (1879), was under the investigation of Brouardel, professor of legal medicine at Paris, who arrived at results very nearly like those in the preceding instances, namely, that a girl may be violated during magnetic sleep.

After a full and interesting discussion of the various topics relating to the case under his observa-

* Annales d'Hygiène et de Médecine Légale, June, 1882, page 518.

* Étude Médico-légale sur les Attentats aux Mœurs, page 9.

tion—the phenomena of hypnotism, the degrees to which the will of the victim may be overcome, the possibility of sexual intercourse in this condition without the consent of the woman, the means of distinguishing genuine from fraudulent hypnotism, the possibility of conception when the woman is unconscious from any cause, the author formulates as follows his answers to the questions propounded to him :

(1.) We are compelled to admit that Maria F. could be violated by Louis V. after being magnetized by him. In this state she could not resist the intercourse, and she has not preserved any remembrance of what transpired, or a confused recollection of a part only of the occurrence.

(2.) Conception has frequently followed rape, and the date of the confinement of this girl shows that the fecundation coincided with the time of the alleged rape.

(3.) In the absence of a medico-legal investigation immediately after the occurrences in which the two parties were involved on the occasion in question, it is impossible to affirm positively that the woman was really put to sleep by magnetic influence with criminal intent and ravished while in that condition.

(4.) It would doubtless be easy to obtain a detailed account of that scene by magnetizing Maria F., but the experiment might be exposed to error, because in hypnotic sleep one can voluntarily or involuntarily suggest to the person sleeping dreams and hallucinations of which she describes the details with astonishing precision.

(5.) Although important information might be gained by this renewed magnetizing of the woman, it would not in any case serve as sufficient evidence upon which to base a judicial conclusion.

MENINGEAL HÆMORRHAGE.*

Inter-arachnoid effusions have a very important medico-legal bearing, for the surgeon may be called upon to express an opinion whether the hæmorrhage is the result of violence, and the life of an accused person may largely depend on the surgical evidence. In doubtful cases two questions may be raised in defence of a person accused of murdering the subject of such a hæmorrhage : (1) was not the hæmorrhage the result of a diseased state of the blood or tissues of the deceased, or of over-excitement ; (2) if disease or excitement was not the immediate cause of the hæmorrhage, was it not a strong predisposing cause,

and would the same amount of violence have excited fatal hæmorrhage in a perfectly healthy person ?

Mr. Morris summarizes his conclusions on the subject of meningeal hæmorrhage as follows :

(1.) Spontaneous effusions into the cavity of the arachnoid, that is to say, effusions of blood from disease or excitement, are very often not to be distinguished from traumatic effusions.

(2.) Post-mortem examination does not always explain the cause or the source of the effusion, and the state of the blood-clot is only a very rough test of the age of the effusion.

(3.) Extravasation of blood between the dura mater and the bones, as also extravasations beneath the visceral arachnoid, accompanied by brain-bruising, are almost certainly traumatic, whether fracture coexist or not. Extravasations into the substance of the brain and into the ventricles are almost certainly spontaneous when no fracture and no brain-bruising coexists, and are probable so even when fracture without bruising of the cerebral surface is found.

(4.) Spontaneous effusions may occur without any naked-eye evidence of disease of the cerebral or meningeal vessels.

(5.) Spontaneous effusions into the arachnoid cavity from disease or excitement have occurred as early as the twelfth year of life, and at all ages subsequent to puberty. Inter-arachnoid hæmorrhage occurs at any age from violence.

(6.) In slight injuries of the head, such as small scalp-wounds, without fracture of the skull or bruising of the surface of the brain, the surgeon should be extremely cautious in attributing inter-arachnoid extravasation to a blow, and more especially when the injured person is of intemperate habits.

ON DEATH BY DROWNING.*

The frequency with which cases of drowning occur in the practice of medical jurists renders it of importance, from time to time, to pass under review in the light of experience the various post-mortem signs which indicate this form of death. This paper of Dr. Ogston has, as its basis, one hundred and seventy cases, in one hundred and thirty of which the bodies were examined internally as well as inspected externally. Cases have been omitted from the review which from advanced decomposition or other causes did not show well-marked signs of death by drowning, or which presented other fatal injuries.

* Clinical Lecture on Hæmorrhage into the Cavity of the Arachnoid, its Surgical and Medico-Legal Aspects. By Henry Morris, M.A., F.R.C.S. *Lancet*, November 11th, 1882.

* A Critical Review of the Post-Mortem Signs of Drowning. By Francis Ogston, Jr., M.D., Assistant to the Professor of Medical Jurisprudence in the University of Aberdeen. *Edinburgh Medical Journal*, April, 1882, page 865.

Of the external signs Dr. Ogston regards (1) the flowing of water, generally in abundance, from the mouth on turning the body, and (2) the presence of froth at the lips and nostrils, as the only ones which we can utilize as trustworthy indications of drowning. Other appearances on external inspection of the bodies of the drowned serve simply to strengthen these when they are present, and by themselves considered are individually of little value.

The following table gives the relative frequency with which these external appearances, both special and auxiliary, were found in the one hundred and seventy cases observed :

EXTERNAL SIGNS OF DROWNING IN 170 CASES.

	Number of times observed.	Ratio per cent.
SPECIAL APPEARANCES.		
Water, sometimes frothy, flowing from the mouth on turning the body.....	24	14.1
White froth at the lips.....	34	20.0
White froth at the nostrils.....	22	12.9
Red froth at the lips.....	7	4.1
Red froth at the nostrils.....	14	8.2
AUXILIARY APPEARANCES.		
Bleaching of the hands and feet.....	141	82.9
Bleaching of the knees and elbows.....	45	26.4
Cholera hand.....	12	7.0
Pallor of surface of the body.....	67	39.4
Rosy patches on skin.....	90	52.9
Cutis anserina.....	106	62.3
Sand under the nails.....	5	2.9
Protrusion of the tongue.....	29	17.0
Erection of the penis*.....	13	16.6
Semi-erection of the penis*.....	42	58.3
Retraction of the penis*.....	17	23.6

In studying the internal sings of drowning, while trusting again to the presence of water and froth in the body as the chief indication, we are assisted by the occasional presence in the respiratory tract of foreign substances, such as sand, sea-weed, and the like, by the fluidity of the blood, and by the usual signs of asphyxia. We have to look primarily for water in the air-passages ; secondarily, in those cavities bordering on the lungs, especially when the body has lain in water some time ; and, thirdly, in the digestive tract or its surrounding cavities. From the presence of white watery froth in abundance in the bronchi and trachea, and in a less degree in the œsophagus and stomach, we derive much trustworthy information, second only to that conveyed by the presence of water in those situations. That it is a watery froth, and not a mucous froth, as it is often erroneously described, may be shown by taking a little of it on the point of a knife and touching the bubbles with a needle, when they read-

ily collapse, leaving only watery fluid ; while if any trace of mucus were present it would then betray itself by the stringy residue that would be found along with the water.

To over-distention and perhaps rupture of the superficial air-cells of the lungs has been assigned a certain value ; but apart from the more important œdema they have slight significance. The same remark is made by the author concerning the bulkiness and protrusion of the lungs which are observed on removing the sternum ; when the lungs protruded in the author's cases water or watery fluid, often in great quantity, was found in the pleural cavities, and the protrusion was caused by the buoyant organs floating on its surface when the controlling pressure of the sternum was removed. [We cannot accept this explanation as true.—Rep.]

INTERNAL SIGNS OF DROWNING IN 130 CASES.

	Number of times observed.	Ratio per cent.
SPECIAL APPEARANCES.		
Water in the air-passages.....	85	65.3
Water in the minute bronchi and air-cells.....	101	77.6
Water in the œsophagus.....	19	14.6
Water in the stomach.....	97	74.6
Water in the pleural cavities.....	63	48.0
Water in the pericardium.....	22	16.9
Water in the peritoneal cavity.....	16	12.3
White watery froth in the mouth.....	24	18.4
White watery froth in the air-passages.....	87	66.9
White watery froth in the stomach.....	4	3.0
White watery froth in the pleural cavities.....	5	3.8
Sand in the air-passages.....	10	7.6
Sand in the œsophagus.....	1	0.7
Sand in the stomach.....	2	1.6
Sea-weed in the larynx.....	1	0.7
Sea-weed in the mouth.....	1	0.7
Over-distention of superficial air-cells.....	10	7.6
Rupture of air-cells.....	6	4.6
Bulkiness of the lungs.....	48	31.6
Protrusion of the lungs.....	9	6.9
Entire fluidity of blood in the heart.....	72	55.3
Partially clotted blood in the heart.....	36	27.6
AUXILIARY APPEARANCES.		
Blood in greatest amount in right heart.....	103	79.2
Blood in equal amount in both sides.....	17	13.0
Congestion of lungs.....	106	81.5
Congestion of liver, spleen, and kidneys.....	107	82.3
Redness of the trachea.....	24	18.4
Redness of the œsophagus.....	7	5.3
Congestion of the brain and its vessels.....	72	55.3
Pallor of the brain.....	6	4.6
OCCASIONAL APPEARANCES.		
A layer of blood under the scalp.....	10	7.6
Punctiform ecchymoses under scalp.....	7	5.3
Punctiform ecchymoses of pulmonary pleura.....	9	6.9
Punctiform ecchymoses on surface of heart.....	3	2.3
Punctiform ecchymoses on surface of spleen.....	2	1.6
Punctiform ecchymoses on surface of kidneys.....	1	0.7

While, in the majority of instances, the signs of asphyxia have been assumed to be the most striking appearances of the drowned, those of syncope were not of very rare occurrence in the cases observed by the author, while those of coma were seen more often than writers have generally conceded.

* In 72 cases noted.

The conclusions derived by the author from these data are :

(1.) When an external examination only is allowed, if an abundance of water pours from the mouth when the body is turned face downward, and if white watery froth is found at the mouth and nostrils, or if it may be made to issue from them on compressing the chest, we may be justified in giving an opinion as to the probability of drowning, especially when the accessory signs (rosy redness of the face and front of the chest, goose-skin, and bleaching and corrugation of the hands) are well marked ; presuming always that no lethal injuries are seen on the body which would appear to have been inflicted before death, and no trace of corrosive action, etc., of poisons are observable about the lips, hands, or clothes ; but, to justify one in giving a more positive opinion, he should have a detailed description of the locality in which, and the circumstances under which, the body was observed before it was removed to the place of its examination.

(2.) If a complete inspection of the body is permitted, we may give a more positive opinion when, in addition to the external appearances, we find water in marked quantity mixed with white watery froth in the lungs and stomach, and also, perhaps, a large quantity of watery fluid in the plural cavities ; when we find sand, sea-weed, and the like in the bronchi or trachea ; when the lungs are bulky or protrude on removal of the sternum ; and when the blood within the heart is wholly fluid, and, with these signs, there are marked appearances of asphyxia in the heart, lungs, liver, and brain.

ON LESIONS OF THE NECK IN HANGING.

Two contributions on this subject have appeared recently : one by Dr. Lesser, of Berlin,* the other by Professor Hofmann, of Vienna.†

Lesser notes the frequency of lesions of various parts of the neck in suicidal hanging. He has made a detailed table of the results of his autopsies upon fifty subjects, and it appears that in thirty-six of these he found other characteristic appearances than the groove produced by the cord ; he mentions extravasations of blood in the soft parts, rupture of the inner coat of the carotids, fractures of the hyoid bone and of the larynx and ruptures of the cervical muscles. This latter injury was met with in eleven

cases ; the sterno-mastoid was the muscle chiefly involved ; its rupture was never complete, and there was no hæmorrhage from its divided fibres. This absence of hæmorrhage, constant in the muscular ruptures, was frequently noted also in connection with fracture of the hyoid bone and of the larynx, and Lesser attributes it to compression of the wounded parts, his idea being that though the small vessels are divided they are closed by the pressure of the cord, and when the compression is discontinued by the removal of the cord after death the cessation of the circulation prevents any effusion of blood. In support of this theory two cases are cited in which, the cord having been loosened before the death occurred, extravasations were observed in the skin and subcutaneous cellular tissue on a level with the groove.

Hofmann confirms the frequency of the lesions which are described by Lesser, and which have not been mentioned by the majority of the classical authors. They have often been overlooked, precisely because they were not accompanied by any sanguineous effusion in the tissues of the neck. But Hofmann does not accept the explanation which Lesser gives of the absence of extravasations ; he remarks that laceration of the vessels of the skin is difficult to admit on theoretical grounds when one remembers how often the integument remains unbroken after injuries which have seriously impaired the integrity of the subjacent parts. Lesser's observation that extravasations occur along the groove of the cord when the cord has been removed after the suspension and before the death, has not been confirmed in a series of ten cases of suicide under these conditions in Hofmann's experience. With regard to other lesions in the deeper parts, Hofmann remarks that many of the fractures of the cornua of the hyoid bone and of the thyroid cartilage are produced indirectly by the tension of cord on the thyrohyoid membrane, and he considers that these fractures are made during life and not by prolonged suspension after death has occurred. The absence of extravasations is explained by interruption of the circulation through pressure and complete obstruction of the carotids and jugulars by the cord. As the cord is usually found around the neck below the bifurcation of the carotids, the superior thyroid artery and vein do not permit any blood to pass through them ; and the superior laryngeal and the hyoid branch of the lingual are often directly compressed.

In this connection mention may be made of some observations presented by Dr. Græme Hammond before the New York Medico-Legal Society.* After

* Ueber die localen Befunde beim Selbstmord durch Erhängen. Vierteljahrsch. für gerichtl. Med. 1881. N. F. xxxv.

† Zur Kenntniss der Befunde am Halse von Erhängten. Wiener Med. Presse ; Annales d'Hygiène et de Méd. Lég., May, 1882, page 457.

* New York Medical Record, October 14th, 1882, page 426.

a review of various authorities on the subject of hanging and its attendant phenomena, Dr. Hammond described some original experiments undertaken to demonstrate the painlessness of death by suspension. With the assistance of two medical friends he submitted to the process of partial strangling in the following manner : While he sat in a chair a towel was passed around his neck, and the ends were twisted so as to produce forcible compression. One of the attendants attended to the towel while the other stood in front of the subject to watch his face and to make the necessary tests of the cessation of sensibility.

Dr. Hammond thus relates his experience : " I first noticed a sensation of warmth and tingling, beginning in the feet and quickly passing over the entire body ; vision partially disappeared, but there was no appearance of any colored lights. My head felt as if about to burst, and there was a confused roaring in the ears, such as is heard when the ear is placed against the opening of a shell. I suffered no loss of consciousness, and was fully able to tell my friend whether I felt any pain from the knife-thrusts he was inflicting upon my hand. In one minute and twenty seconds from the commencement of the operation all sensibility was abolished. After a few minutes' rest a second trial was made in the same manner as before. This was followed by symptoms similar in character to those mentioned in the first attempt, except that sensibility ceased in fifty-five seconds. A stab with a knife sufficiently deep to draw blood was indicative of no sensation whatever."

From these observations on his own person, and from the writings of various authors, Dr. Hammond draws the conclusion that the " proper and orderly way to execute the law in the case of a person condemned to death by hanging is not to let him fall or to jerk him into the air, but to stand him on the ground or on a suitable platform and to adjust the noose carefully around the neck below the larynx ; then he should be raised from the place where he is standing by pulling on the rope, which should pass over a pulley fixed to a beam above, and he should be allowed to hang thirty minutes. The rope should be soft and flexible (of cotton or flax), so as to fit closely to the neck. Carried out in this manner, an execution by hanging would be effectually and mercifully performed. The condemned man would undergo no physical or mental suffering from the moment the suspension began, and his life would be taken as speedily and with as much freedom from horrible events as the circumstances of the case would allow."

Of these things we may be positively sure, says

the writer : that from the instant suspension takes place there is no sensibility to pain, and that the convulsions which ensue are no more evidence of pain than are the movements of a decapitated chicken. They are such as always ensue when the blood vessels of the neck strictures are suddenly closed.—*Boston Medical Journal*.

LECTURES.

LECTURE ON CALCULUS IN THE FEMALE BLADDER.

Delivered in University College Hospital, London. By CHRISTOPHER HEATH, F.R.C.S., Holme Professor of Clinical Surgery.

GENTLEMEN : You saw me last week remove from the bladder of a woman aged thirty-three the mass of calculus material which I show you in this bottle, and which weighs, now that it is dry, just one ounce. The patient is a married woman, and had been confined six weeks when she presented herself in the out-patient department, complaining of pain about the bladder and frequent micturition. For this she was sent upstairs to see me, and I had no difficulty in detecting a large mass of stone in the bladder. When placed upon the table in the lithotomy position, you saw that I proceeded to dilate the urethra with a pair of polypus forceps, and then introduced my little finger and subsequently my forefinger without difficulty. In this rapid dilatation there is of course some laceration, and it is usually upward under the pubes, and does no harm. My finger enabled me to feel a very irregular mass of phosphatic stone, which I proceeded to break down with small lithotomy forceps, and I was able with these, with a scoop, and by washing out through a vulcanite speculum, to remove the débris which we have in the bottle. After clearing out all the fragments, I found that the bladder was in part encrusted with phosphates, and this mortar-like material I scraped away with the nail of the forefinger and a lithotomy scoop, until I was satisfied, by compressing the bladder with the other hand so as to sweep the finger over the whole interior of the viscus, that the mucous membrane was clear. Then, lastly, through the little vulcanite speculum, I applied a solution of nitrate of silver (a drachm to the ounce) over the whole surface of the interior of the

bladder, and sent the patient to bed with a half-grain of morphia suppository in the rectum. I expected that there would have been more or less complete incontinence for a day or two, after which the patient would have recovered perfect control; but this was not the case. She was able to hold her water completely on the day of the operation, and passed from the first acid urine, instead of the abominably offensive ammoniacal urine which had been present before. Now, this I find the invariable result of mopping out the bladder with a strong solution of nitrate of silver; and some of you may remember a man in whom the same thing was seen after lithotomy. The woman is now taking her food well and is fairly convalescent, so much so that I have allowed her baby to be put to her breast again.

The symptoms of stone in the female closely resemble those in the male, except that, from the close propinquity of the bladder to the uterus they may be referred to the latter organ. Frequent micturition, pain especially after emptying the bladder, with "bearing down," should direct attention to the bladder and the condition of urine, which last is probably thick, and may occasionally contain blood. The detection of a stone with the sound is comparatively easy, for the urethra is short, and there is no prostate behind which a small stone can lie hid, while the ease with which the fundus of the bladder can be simultaneously examined with the finger in the vagina makes the diagnosis simple enough.

Calculus in the female may be of renal or vesical origin, or both, just as in the male; but there is the peculiarity about stone in the female that it may occasionally have for its nucleus some foreign body introduced by the patient herself. If the foreign body is small, such as a piece of cork, and is completely enveloped by the calculus matter, it in no way complicates the treatment; but cases are not very uncommon in which a hairpin or some other implement has been introduced into the bladder, and having escaped the patient's grasp, has been left there to form the nucleus of a concretion which is certain to form. In these cases the foreign body projects from the stone, and may not improbably have pierced the bladder, and given rise to serious complications.

Stone is not nearly so common in the female as in the male, the proportion between the two sexes being, according to Mr. Poland, one in the female to twenty or twenty-three in the male; and the same author remarks that "statistics respecting stone in the female, the operation and its consequences, and the mortality after operation, are incomplete and unsatisfactory." I am inclined to think, from what I have seen, that stone is more common in the female

than is here stated, or than is generally supposed, because in all the cases I have had under my care the disease had not been recognized until shortly before I saw them, although the symptoms had long been present, and had been for the most part referred to uterine disorders. Irritability of the bladder is so common an accompaniment of uterine disease that it is easy to understand how both patient and doctor may be deceived by the symptoms produced by stone; but I would warn you, in all cases of uterine complaint, not to be satisfied without making both a rectal and a vesical examination if the symptoms are at all obscure or do not yield readily to appropriate treatment. When a vaginal examination is being made, it is so easy to pass the finger into the rectum and to slip the uterine sound (if no more convenient instrument is at hand) into the bladder, that there really is little excuse for overlooking disorders of any of the pelvic viscera.

The treatment of stone in the bladder of the female has been simplified almost as much as that of calculus in the male by the "one-sitting" method of lithotripsy introduced by Bigelow. In former years I should have hesitated to break up a stone weighing an ounce and have probably had recourse to vaginal lithotomy, of which I shall speak presently. Of course lithotripsy for small stones has been often performed in the female, and I ventured some years ago thus to break up a small mulberry calculus, the fragments of which may be seen to be covered with phosphates. The ordinary lithotrite, or a shorter one made for the purpose, may be readily employed, or where, as in the great majority of cases, the stone is soft and friable, recourse may be had to simple lithotomy forceps and the crushing power of the hands. Bigelow's, Thompson's, or Clover's evacuator may be employed in the female as in the male, but I think I saved time in my case by using simply a vulcanite urethral speculum and washing out the fragments with an ordinary Higginson's syringe.

Extraction of small stones per urethram with polypus-forceps or a scoop is rapidly performed if the urethra is rapidly dilated in the way I have described; but it is never worth while to drag out large calculi at the risk of producing incontinence, when they can be so easily reduced in size by crushing. The method is, however, very satisfactory for the removal of the foreign bodies which occasionally find their way into the female bladder. Various ingenious instruments have been contrived for catching, doubling up, and extracting such articles as hairpins; but I have found practically that with the finger introduced through the urethra there is no difficulty in

guiding a pair of polypus-forceps, and extracting a hairpin or other similar body without the risk inseparable from a supra-pubic lithotomy, which has been performed in similar cases.

The operation of lithotomy in the female resolves itself into a very simple proceeding—viz., cutting through the vaginal and vesical walls where they are in contact, and is hence called vaginal lithotomy. Let me remind you that the peritoneum does not touch the anterior wall of the vagina, which may therefore be divided quite up to the os uteri without risk to that membrane, whereas the pouch of Douglas lies between the upper part of the posterior vaginal wall and the rectum, and is liable to injury by obstetric instruments, etc. Vaginal lithotomy is no new operation, for it has been long known to surgeons, but the great modern improvement in it is the practice of closing the wound immediately by wire sutures so as to obviate the formation of a vesico-vaginal fistula. I show you three large stones which I removed from different women by this proceeding some years back. The first stone weighs one ounce and a half, and is remarkable, as you may see in the section, for having consisted originally of three angular calculi, which had become fused together in a mass of carbonate and phosphate of lime, measuring two inches by one and a half, and being one inch thick. This I extracted from a woman aged forty-nine, in whose bladder I detected a very distinct pouch, in which no doubt the stone had originally lain. I closed the wound with tin wire sutures introduced through the whole thickness of the bladder and vagina, and the patient made a perfect recovery. The second stone is nearly circular in shape, its long diameter being two and seven eighth inches and its short diameter two and three eighth inches, and its greatest thickness one and one quarter inches. It weighed two ounces, and I extracted it from a woman aged forty who had long suffered from pain supposed to be uterine. In this case the closure of the wound was not entirely successful, and she had slight incontinence when in the upright position, but declined further interference. The third stone consists of one large mass and a quantity of débris, weighing altogether three ounces and a half, which I extracted from a woman aged fifty, who made a perfect recovery.

You will thus see that there is no difficulty in extracting very large calculi from the female bladder entire, but it is in some sense a reproach to our art that stones should be allowed to attain such a size. Early detection is as desirable in the female as in the male, and the great majority of such cases can be best treated by lithotripsy at one sitting.—*Brit. Med. Jour.*

CORRESPONDENCE.

MUSKOGEE, INDIAN TER., Feb. 1883.

DEAR DOCTOR: My friend and classmate, Dr. J. L. Felder, Jr., of Leesburg, Tex., favored your readers in a recent issue with a Texas "Chill Smasher," which is good, as I have used the same prescription, only in different form with success. "Uncle Sam" has pronounced it in his great wisdom unsafe in compounding "Pore Lo's" prescription to use, as a vehicle anything stronger than aqua pura or syrupus simplex. Therefore, after the chill has been controlled by quinine, we give fifteen drops of dyalized iron three times a day before meals, and a teaspoonful of the following mixture three times a day after meals:

R Acid phos. dil.
Tinct. nux vomica..... āā ȳ j
Quinine sulph. 3 ss
Syr. simplex..... ȳ ij M.

The above together with the free use of a flesh brush with soap and water qs. acts well in most cases. I have much faith in the latter (brush and water) treatment. But we are told that one man's meat is another's poison. It may fatten "Pore Lo" and kill a Texan.

Very respectfully,

CHAS. HARRIS.

ATEO, CALIFORNIA, February, 1883.

DEAR SIR: I notice an article in your last journal, by Dr. Zimmerman who speaks of the dangerous compound sold as "Rough on Rats." I fully concur with the doctor as to the poisonous character of the compound, as a young lady of this place took a dose last week, with suicidal intent, she lived some five days after taking a small teaspoonful, and died from all the symptoms of poisoning from arsenic.

Yours respectfully,

J. R. GOODSPEED, M.D.

HOMŒOPATHY.

No. 3238 CHESTNUT ST., PHILADELPHIA.

DEAR SIR: The guarded, yet strangely significant, *vote of want of confidence* in the doctrine of Similia similibus curantur, passed by the New York Homœopathic Association, and reported in your issue, can scarcely fail to undermine the faith of many of its dupes in this great foundation of homœopathy. It therefore seems an appropriate time for me to present in your columns a suggestion offered in my introductory lecture on "Medical Scepticism

and Medical Superstitions," at the University of Pennsylvania, trusting that it may contribute to shake simultaneously that other chief abutment of the system, *a belief in the power of infinitesimal doses*, and so, perhaps, aid to realize the anticipation that homœopathy, as a blot upon the boasted intelligence of the present age, will be obliterated before the end of our century.

My proposition is contained in the following extract :

In dealing, as you will frequently be called upon to do, with the great medical superstition of our own day, I would recommend you not to ridicule, still less to abuse homœopathy, to its adherents, but quietly point out to them that, since it claims to rest its principles solely upon observation, the way to test the reality of these claims is to observe its effects upon some individuals who are not prejudiced in favor of the system. If the fairness of this proposition is admitted, as it probably will be without hesitation, at once defy your interlocutor to give you any homœopathic medicine which will produce any effect whatever upon your organism. The only stipulation you need make is, that you shall see with your own eyes the drug selected, reduced to its fourth or fifth centesimal dilution ; and no additional danger is incurred by allowing the direction of Hahnemann in his *Organon*, that the vial in which the successive dilutions are performed shall be shaken, "twice only, first carrying the arm up and then down," to be strictly carried out. I have myself offered this challenge to at least a hundred devotees of homœopathy, including several so-called physicians, and though it has several times been accepted, with the triumphant alacrity so common among experts in the game of bluff, *somehow or other, something* has always, thus far at least, prevented them from carrying out their part of the agreement, so that none of them have ever yet dared to try the proffered experiment upon my stomach. Perhaps I should just remind you that the authorized formula for preparing homœopathic medicines is to take one drop of the mother tincture, for example, tincture of aconite, and shake it with ninety-nine drops of alcohol, thus producing the first dilution or first potency ; next, take one drop of this diluted tincture (of the strength of one per cent) and shake it with another ninety-nine drops of alcohol, giving us the second dilution or potency ; which you observe is of a strength, or rather weakness, equivalent to one drop of the original tincture in ten thousand drops of pure alcohol. The third dilution is obtained by a repetition of the same process, and so on indefinitely, the twenty-fourth dilution having, according to the late

Prof. Sir James Simpson, a strength equal to one grain of the original drug, dissolved in an ocean of fourteen quintillion cubic miles of alcohol, or a quantity sufficient to make one hundred and forty masses, each extending from limit to limit of the planet Neptune's orbit. It will doubtless do away with any natural hesitation you might feel out of consideration for your own valuable digestive apparatus, in offering my defiance as above advised, to know that the fifth dilution has a strength about equal to one grain (of morphia, for example) dissolved in five thousand barrels of alcohol. Since the solution of one drop of concentrated hydrocyanic (prussic) acid, probably one of the deadliest poisons known, to a single barrel of fluid, could be taken with impunity in doses of a quart or more, there is no doubt that this fifth centesimal dilution of aconite, belladonna, nux vomica, or any other homœopathic remedy, being, as just stated, a mixture in the proportion of one grain or drop to about five thousand barrels of alcohol, may be looked upon as a pre-eminently safe preparation ; only be sure, gentlemen, that the alcohol employed is pure, and contains *by accident or otherwise* no poisonous ingredient.

Of course the failure of a disciple of Hahnemann to produce any effect upon you with any of his medicines gives you a crushing argument against his so-called system of cure ; and indeed who can say that an organized effort on our part to systematically and persistently wring from devotees of homœopathy such tacit admission of the utter impotence of all their boasted infinitesimal doses, might not hasten the downfall of this gigantic medical delusion, and, by establishing the literal downright truth in regard to one of its fundamental dogmas, help to wipe out the blot which it constitutes upon the intelligence of the nineteenth century, even before our own generation passes away ?

Many professors of homœopathy claim to produce, as did Hahnemann himself, more powerful effects from the high than from the low dilutions ; but the truth is, as I believe, that when any effects (which are not merely apparent, and the results of imagination, coincidence, etc.) do occur, they follow the fraudulent administration of ordinary officinal doses of our usual medicines, a deception for which the homœopathic druggists provide, by selling what they call decimal, instead of centesimal, dilutions and triturations of potent drugs, such as morphia, arsenic, strychnia, etc., the first of which dilutions contains one grain or drop of the "remedy," to every nine grains or drops of the vehicle employed.

Here for example I show you a bottle, which I

myself purchased some years since at a homœopathic pharmacy, purporting to contain the second decimal trituration of acetate of morphia. Of course any individual who took five grains of this powder every half hour for two hours would swallow (unless it is a double, instead of a single fraud) about one fifth of a grain of the salt of morphia; that is, rather more than our own customary full dose for an adult.

Hoping that this plan of investigation may appeal not only to members of our own profession, but even to followers of homœopathy who are not yet so blinded as to be no longer seekers after Truth,

I remain very respectfully yours, etc.,

JOS. G. RICHARDSON.

NOTE.—This letter was originally published in the *Philadelphia Medical Times*, and is now sent forth again to gratify and amuse many.

In view of the fact that the New York State Medical Society has just sealed with its official sanction the right of any of its members to "consult" (Faugh! the word above is sufficient to upset any respectable stomach,) with homœopaths, the absurdity, if not the fraudulency, of such a "consultation" needs no demonstration.

The "twenty-fourth dilution" is, with honest homœopaths, very often given, (though not as often as even *weaker* dilutions), and if one such prescription or any *even less potent* is insisted upon by a homœopath in consultation, "the regular" brother must either be a party to a manifest fraud, or slink away from the bedside to which a respectable physician, could not (it is still believed) be brought, unless by force. The curtain is up for the farce; what brother will now come upon the stage?—E. S. G.

PROCEEDINGS OF SOCIETIES.

NEW YORK ACADEMY OF MEDICINE. STATED MEETING, JANUARY, 1883. Fordyce Barker, M.D., LL.D., President, in the chair.

The scientific paper of the evening was read by Dr. F. H. Bosworth, and was entitled "Tumors of the Nasal Passages."

Dr. Bosworth first directed attention to adenoid growths occurring in the vault of the pharynx, and stated that they gave rise to a very common and annoying symptom, namely, a copious discharge of

mucus or muco-pus from the nasal passages. The true condition is commonly obscured under the exceedingly meaningless term "nasal catarrh." He then mentioned some of the conditions which might give rise to nasal catarrh, as chronic rhinitis, dry catarrh, nasal polyp, deviation of the septum, necrosis, foreign bodies, the existence of these adenoid growths in the vault of the pharynx, etc.

He believed that these adenoid growths are simply an hypertrophied condition of the normal tissues in the region in which they occur. He then described the faucial tonsil in its normal condition. The presence of these growths is the source of inflammatory changes resulting in hypertrophy, and was first described by Luschka. They are more or less distinctly outlined, and vary in size from that of a coffee-bean to that of a large chestnut, even sometimes larger. He had submitted several specimens to Dr. Heitzmann for microscopical examination, who reported that their true nature is an hypertrophy of the normal glandular elements in this region, and not true adenoma or tumors. He had had seventy-five cases under his observation—forty-nine males and twenty-six females. Under ten years of age there were five cases, from ten to fifteen years, sixteen cases; from fifteen to twenty, twenty-seven cases; from twenty to thirty, twenty-three cases; from thirty to forty, two cases; from forty to fifty, one case; and over fifty, one case.

The lecturer remarked that there is a striking analogy between the appearance of these growths and the faucial tonsil, but the most frequent condition with which they are associated is hypertrophic rhinitis. In ten cases he had found this associated with enlargement of the faucial tonsil; in four cases it had been associated with dry catarrh. The most prominent cause of the condition is hypertrophy of the mucous membrane excited by the stimulus of repeated colds. He did not believe that it is ever the manifestation of systemic dyscrasia.

The diagnosis is usually easy, and for this purpose digital examination is not absolutely essential. For illuminating purposes, however, an ordinary gas-jet is not sufficient, but sunlight should be employed. The prominent and most troublesome symptom is an excessive discharge of muco-pus. The source of the discharge is in the hypertrophied glands themselves. Another symptom is the altered character of the voice, the voice being like that of one suffering from cold in the head: it has been termed the "dead voice." In order to give rise to this change in the voice, the growth need not be large. The head-register fails first, so far as singing is concerned, and is muffled. With reference to the impairment of

the hearing, it is not due to pressure upon the Eustachian tube, as had been supposed by some. He regarded extension of catarrhal inflammation to the Eustachian tube as exceedingly rare. Tinnitus aurium might perhaps be caused partly by pressure. Nasal stenosis is a prominent symptom, and is present in cases where the growth has not attained to an unusual size. Cough is present in certain cases.

His treatment was extirpation by the use of a modification of Jarvis's snare-écraseur. He could not recommend the actual cautery or acid caustics, which were employed by some.

Nasal polypi are myxomatous tumors. He had never met with one in the naso-pharynx. A single polyp is very rare. At his clinic at Bellevue Hospital there had been treated during the past year one thousand six hundred and forty-one cases, and nineteen of these were cases of nasal polypi. He had had sixteen cases in private practice, which made thirty-five cases which he had seen within a year. The source was usually the middle turbinated bone. He had seen only two cases in which the polyp was attached to the septum. He knew of no cause. It was purely a local disease. It is commonly taught that they are caused by nasal catarrh, but he believed that they frequently occur independently thereof. The most prominent symptom is blocking up of the nasal passages, with profuse watery discharges. Very long and distressing attacks of sneezing are an important sign in diagnosis, especially in the early stage of their development. Spasmodic asthma, he thought, is of more frequent occurrence than is generally supposed. Their form is usually pear-shaped, and, unless they develop posteriorly into the naso-pharyngeal space, their size could be no greater than that of the nasal passage.

In the treatment, Jarvis's snare-écraseur furnishes all the advantages and none of the disadvantages of Hilton's snare, and the important principle in it is more that of the écraseur than that of the snare. One objection to Jarvis's snare is the fact that the hand is always in the line of inspection, in order to obviate which he had constructed an instrument which is a combination of Jarvis's écraseur and Wilde's snare. He did not believe it necessary to apply anything with the view to the prevention of a recurrence of the growth.

DISCUSSION.

Dr. Lefferts said there were many points in the interesting paper which need not be discussed, as they were generally accepted; but there were certain others to which he wished to take decided excep-

tion. First, with reference to the adenoid growths: they were of very common occurrence, as any one conversant with the literature was aware, and as was also shown by the number of specimens passed round by the author of the paper. There are certain cases among young persons in which the hypertrophy is hardly sufficiently abnormal to demand active treatment. It was not always necessary to remove these hypertrophied tissues, for very often they disappeared by a gradual process of atrophy toward the period of puberty. There were cases, of course, in which they attained to sufficient size to block up the nasal passages to a certain degree, interfering with the voice, in which he would recommend surgical interference. That there was a gradual process of atrophy at the age of puberty was a fact which was not sufficiently appreciated even by those in his own specialty. With regard to the treatment, Jarvis's snare was a good instrument, but it was a fact that it had not been commonly accepted by the profession, and he believed that a certain form of biting forceps possessed the advantage that they could be used by the unskilled operator with greater ease than could the snare, and just as effectually. Passing from the subject of adenoid growths, Dr. Lefferts spoke of nasal polypi, and referred to two forms of growth occurring in the nasal passages which had not been mentioned by the author—namely, cystic tumor and papilloma. He had seen one case of the former, and had found the record of one in literature. He had known papilloma springing from the septum to give rise to dangerous hæmorrhage. With regard to the head-register being the first to be affected in the singing voice from the presence of adenoid growths, he had not found such to be the case. According to his observation, the medium register was the first to be affected.

Dr. Brandeis was of the opinion that, along with the existence of the adenoid growths referred to, there must be some inflammation of adjacent tissues, and that the inflammation was liable to extend up into the Fallopian tubes, and he believed also that impairment of the hearing was consequent largely upon obstruction of the tube arising from a congestion or swollen condition of its mucous membrane. Air was prevented from entering the middle-ear cavity, and the drum-head assumed malposition from pressure of air upon it externally.

In reference to the use of the actual cautery in the naso-pharyngeal space, he had resorted to it with the greatest benefit, and had never found its use attended with any evil results. It subserved the double purpose of an écraseur and a caustic,

removing the growth and preventing a tendency to a recurrence, a point of much practical importance in cases of nasal polyp.

Dr. Lincoln thought, with regard to the necessity for removal of abnormal growths in the post nasal region, particularly hypertrophies of the normal tissue, that it depended altogether upon whether they were the source of impaired health or produced any special discomfort. The discharge which these growths gave rise to might be the cause of harm not only in the pharynx, but, as he believed, also in the stomach, producing indigestion. Beside, as mentioned by Dr. Bosworth, they had a localized influence upon distant parts, as in exciting asthma. A patient under his care had suffered regularly every winter with spasmodic attacks of asthma, which a visit to a Southern climate failed to relieve. There was no apparent cause of the attacks, except a very small adenoid growth in the vault of the pharynx. After this was removed, the asthmatic symptoms entirely disappeared. There were certain cases of malformation of the chest in children which he was unable to account for except from the inability to breathe through the nose, due to the presence of some of these growths. He took issue with Dr. Bosworth in the opinion that all methods of treatment were inadequate except that with the wire *écraseur*. He had published a series of cases in which the treatment had been practised with the galvano-cautery and chromic acid with excellent results. The use of the Vienna paste was also a very good method of treatment. Jarvis's snare, however, was an invaluable instrument, for use in both the anterior and the posterior nares, and he believed that nothing could be devised which would replace it. He would call attention to a remedy which he had recently used with most satisfactory results in cases of adenoid growths in the vault of the pharynx, especially where they were of moderate size, that was, boracic acid.

Dr. Robinson was of opinion that, while Jarvis's snare-*écraseur* was probably the best instrument in the removal of these growths, there were other methods which were also quite effectual, such as the galvano-cautery, caustics, etc. He would impress the point with regard to the evil influence of sucking out the beast, so to speak, when breathing through the mouth during the presence of an obstruction in the nasal passages. He believed that there was often propagation of the inflammatory process in the pharyngeal space to the Eustachian tube, and an impairment of hearing therefrom.

Dr. Bosworth, in closing the discussion, remarked with regard to non-operative interference in cases

where the adenoid growth was of small size and the patient had not attained to the age of puberty, when it was possible atrophy of the hypertrophied structure would take place, that it often happened the period of puberty was at some distance; and the child might be suffering from symptoms which should be relieved. The tendency was to weak throat, sleepless nights, impeded respiration, etc.; and it was the surgeon's duty to relieve such symptoms, even if he felt certain that the growth would become atrophied within a comparatively short space of time. Furthermore, we could never be certain that atrophy would take place even when the age of puberty was reached. With regard to the use of the forceps in the place of the snare, there was the objection that it could not be made to reach the entire growth on account of the peculiar anatomical situation. His opinion that the head-register was the first to be affected in singing was based largely upon the statements of singers themselves. With regard to the extension of catarrhal inflammation into the Eustachian tube, in the numerous cases which he had observed there had seldom been present at this situation evidences of inflammation in the form of redness, swelling, pain, and heat. As to the impairment of hearing, he believed the levator palati muscles had much to do with the admission of air into the middle ear, and that their proper function was interfered with during the presence of adenoid growths in this neighborhood.

MISCELLANEOUS.

REMOVAL OF THE STERNUM.—Prof. König, at the recent meeting of the Surgical Section of the German Association, exhibited a patient from whom he had removed the entire sternum for an increasing tumor of that bone. Previous to operating, he made experiments upon rabbits. During the operation, after dividing the cartilages of the ribs, he passed his fingers under the bone to be removed. An aperture was found to exist in the right pleural cavity, a second in the pericardium, and a third in the left pleural cavity. These were occluded with antiseptic gauze immediately on being discovered. Dyspnoea was complained of only for a short time. In twelve days the first dressing was made, and five days later a second. The wound healed slowly. The patient recovered and was exhibited.—*Phila. Med. Times*.

OBLITERATED DUCTUS CHOLEDOCHUS.—FISTULA.—Winiwarter, in *Wien. Med. Woch.*, gives the history of a case where the ductus choledochus became obliterated. In three weeks the gall bladder had attained an enormous size, and there was intense jaundice. Aspiration of the contents of the gall cyst failed, and he determined to establish a fistulous opening. This was successful, and the patient made a good recovery.—*Can. Jour. Med. Sc.*, Oct.

TOO MUCH FOR THE STRUTHIO.—The *Natal Witness* (Africa) states that a farmer living near Zuurbron was standing in one of his ostrich camps smoking a meerschaum pipe, when one of the most valuable breeding birds came up and snatched the pipe from his mouth and swallowed it. In a very short time the bird was dead, having been poisoned by the nicotine in the pipe.

REDNESS OF CARBOLIC ACID.—A Sicha confirms Fabini's assertion that the liability of phenol to turn pink arises from the presence of copper. Phenol, which he prepared by distilling entirely from glass vessels, remained white for months in the sunlight; but when to 50 grammes of this phenol, 10 drops of a solution of copper sulphate (1 to 400) were added, the pink color was formed after six days, and in two months became very intense.—*Jour. Soc. Chem. Ind.*

THE STRAIGHT BODIED POSITION IN LABOR.—Dr. A. D. Macdonald (*British Med. Jour.*) calls attention to the subject of the straight bodied position in labor. He claims that this position is far less likely to result in lacerated perineum than the ordinary positions. The straight position does favor relaxation of the perineal muscles, and many patients will be noticed, as the child's head begins to stretch the perineum decidedly, to straighten themselves and to gain considerable relief from so doing.—*Chicago Med. Review.*

MEDICINE.—THERAPEUTIC VALUE OF HYOSCYAMIA.—A writer in the *London Lancet* says: "No man who has ever used aconitia for the reduction of temperature will go back to the tincture, Fleming's though it be, or any crude form of the drug; and he who has not used hyoscyamia in troubles of the hollow viscera—stomach, bowels, bladder, etc.—has yet to experience the satisfaction and joy with which he will be greeted after prescribing it for a patient with spasm, retention, dysentery, or hernia; for this last is often spared the surgeon's knife by this beneficent drug."

BREAD PILLS IN HYSTERIA.—A case is recorded by Drs. H. Landouzy and S. Bellet (*Rev. de Méd.*) of the sudden cure of hysterical contraction by the so-called *pilules fulminantes* (*micæ panis*). Patient was 26, and had been well until attacked with chorea after fright at the age of 20. A second attack, which lasted five months, was caused by a fright at 24. A third attack followed vaccination on admission into the hospital a short time afterward. This was followed by contraction of both legs, which for eight months rendered her completely helpless. She developed a craving for morphia injections, which were at last stopped, and in their place *pilules fulminantes* (simple *pilulæ micæ panis*) prescribed. Patient, having been warned of the violence of the remedy, took, with suicidal intent, four times the prescribed dose, and presently exclaimed, *Je sens encore les entrailles qui me bouillent, mais voyez mes jambes!* Left hospital cured three weeks later.

PROFESSOR N. S. DAVIS, Editor of the *Chicago Medical Examiner*, commenting on the fact that three hundred physicians of the city of London have lately declared the opinion that the prescription of alcoholic liquids by medical men often gives rise to the formation of intemperate habits in the patient, adds that "the medical profession are largely responsible for the evils resulting from the use of alcoholic drinks, and that the neglect to limit their use as to time and quantity is often the direct means of creating an appetite that has led many to the drunkard's goal. The custom also of speaking of such drinks as restoratives, supporting and stimulant, has impressed erroneous ideas upon the public mind; hence often no amount either of moral or legal suasion will stop the drinking customs of society, until our profession reverses its teachings and thoroughly revises its practices in regard to these agents."

MEDICAL NEWS.

ABSENCE OF SPLEEN.—Prof. Schenthauer, according to the *Medical Times and Gazette*, recently found at an autopsy of a woman aged seventy that no spleen existed. The organ had not been destroyed by disease, but was congenitally absent.

DR. BUNSEN, the eminent German chemist, has been elected a Foreign Associate of the Paris Academy of Sciences. This dignity is one of the highest in the scientific world, and is limited to eight names, Dr. Bunsen succeeds the late Prof. Wöhler.

THE BEST DISGUISE OF THE ODOR OF IODOFORM.—The *Journal de Therapeutique* says that Dr. Yvon effects the abolition of the smell of iodoform by the very simple procedure of incorporating with it a little essence of roses. Half a drop of the essence removes the odor of sixty grammes of iodoform, the compound retaining that of the essence.

THE "Mountain Evangelist" Barnès cures thousands by the "laying on of hands" and prayer. In one of his recent harangues, he said: "I am not a homœopath, or an allopath, or a hydropath. I am a Jesuspath, and I wouldn't give my doctor for a hundred others."

THE PACIFIC MEDICAL COLLEGE has recently been re-incorporated under the name of the Cooper Medical College, as the result of a gift by Dr. L. C. Lane of a new building valued at one hundred thousand dollars. The school was asked by Dr. Lane to be called the Cooper Medical College, after Dr. E. S. Cooper, one of the fathers of medical education on the Western coast. The new school has adopted an obligatory three-years' course.

CIVIL SURGEON EDGAR CROOKSHANK has received, by desire of H. R. H. the Field Marshal Commanding-in-chief, the Egyptian medal and clasp (Tel-el-Kebir) in recognition of his services during the late campaign. Mr. Crookshank served at Ismailia, Kassassin, and Tel-el-Kebir, where he advocated the adoption in military surgery of the latest antiseptic methods, notes of which have already appeared.

ADDITIONAL FRUITS OF THE NEW CODE.—A bill was introduced in the New York Assembly, last week, by Mr. Quinn, which provides that the right of every citizen and of the people to employ for medical purposes the services of any individual in whom he or she may have confidence, whether such employé has or has not a medical diploma, or has or has not registered as a physician, shall not be questioned in the State of New York. No such employé shall be liable to fine or imprisonment for rendering such service, where guiltless of any false representation in connection therewith, provided that nothing in this Act shall be so construed as to exempt from liability any such employé on account of damage resulting from malpractice, misconduct, or intoxication, either at common law or in pursuance of any statutory provision of this State.—*News*.

THE CAUSE OF THE PAIN IN DYSMENORRHOEA.—Schulze, Prof. of Gynæcology at Jena, in his recently published work on the Pathology and Therapeutics

of Displacements of the Uterus, says it is easy to demonstrate, by inserting a sound when the pains are at a climax, that there is not one drop of blood present in the uterine cavity. Indeed, the real cause of dysmenorrhœa is not stenosis but metritis.

Dr. SCHULGU, of Heidelberg, has constructed a model of the human brain of such dimensions (25 vol.) that every fibre or fasciculus can be traced from the spinal cord to the cortex, or some of the ganglia of brain. By the aid of such a manikin it will be a pleasure for a man to deliver a lecture, since it is so comprehensive and plain that even the beginner easily understands this formerly intricate organ.—*Deut. Med. Zeit.*

BARBER LAMBRECHT.—This person, who fraudulently attempted to practice medicine in Illinois on the possession of a diploma issued to a deceased doctor, ignominiously driven from that State, we are credibly informed has located in Cincinnati. He is perfectly safe here in both practice and malpractice of medicine. Great is the State of Ohio, and great her lack of laws to properly treat the lawless who flee from other States.—*Cin. Lancet*.

At an auction sale of old government medical supplies, at St. Louis, among other things one man bought 17,308 pills for thirty cents. A local paper says, "The books and instruments sold had been used before, but the pills were entirely new."

MR. N. STEVENSON, of London, uses a small Swan incandescent lamp to illuminate the cavity of the mouth in dental operations. It is fitted into a vulcanite cup, which acts as a prop to keep the jaws apart.

THE New York physicians, who, at a post-mortem, discovered that a woman's only kidney had been extirpated, are less enthusiastic over the operation of nephrectomy than they were before they performed the operation on this woman.

THE NEW YORK SKIN AND CANCER HOSPITAL.—An institution much needed in this city, and worthy of all support has been established very recently. It is dependent on voluntary contributions for success, and will, it is hoped, receive these abundantly. It is well organized and thoroughly deserving of support and confidence. Cancer is on the increase in this country, (one out of every fifty deaths in New York City during 1880 was caused by this disease,) and there has been heretofore no special hospital for its study and treatment. The need of a Hospital for Skin Diseases in this city is manifest to all. This

new hospital will supply these wants, and will be of great service to the community.

PROF. HELMHOLTZ, of Berlin, has received a patent of nobility from the Emperor of Germany.

A WELCOME COMPLIMENT TO A PHILADELPHIA AUTHOR.—The popular treatise of Dr. Louis A. Duhring upon Diseases of the Skin has recently appeared in a French translation by Messrs. Barthélemy and Colson. M. Alfred Fournier has written a preface, and the translators have added notes.

THE modern guillotine is placed on the ground. The condemned is seized and pushed against an upright board, which falls forward, pivoting under his weight, and brings him in a horizontal position, with his neck between the grooves above which the knife is suspended. The executioner touches a spring, the knife flashes as it falls, and all is over. This is far better than the horrible and barbarous bungling which occurs at hangings here. The Danish Prime Minister was to introduce a bill this session substituting the guillotine for the method now in vogue, in consequence of a horrid scene at a recent execution.

A BOY of eight years died in England, poisoned by the action of a substance used in dyeing his stockings. Sir John Humphreys testified that several striking proofs had come under his notice of the danger of wearing many of the dyed stockings offered for sale.

MR. LAWSON TAIT has been elected an honorary member of the American Gynecological Society.

QUININE is quoted at date of writing at \$1.65 per ounce.

WILLIAM G. MALIN has retired from the Pennsylvania Hospital, in Philadelphia, after fifty-nine years of continuous service therein, one half of it as steward, and on Wednesday evening a complimentary supper was given him by about one hundred gentlemen, a large number of them leading physicians of the city. Mr. Malin is now eighty two years of age. An interesting event of the evening was the presentation of his portrait to the hospital.

EDITORIAL.

IMPERATIVE CONCEPTION.—These mental phenomena to which Poe called attention under the title of the "imp of the perverse," has of late attracted

much attention from alienists. Its existence, which is beyond question, and has been recognized by the English judges, is of course inconsistent with the nonsensical legal test of responsibility—a knowledge of right and wrong. Among the latest contributions to the subject is a lecture by Ball of Paris which epitomizes to some extent the ideas respecting "morbid impulse" promulgated by Hammond, and those on "Zwangsvorstellungen" of the German authors. Ball lays down as an axiom, what is well known to all true alienists, that the question of insanity is relative, not absolute. He says that the generally received opinion that folly and reason are separated by a strictly drawn mathematical line is quite erroneous. There is a broad frontier between sanity and insanity, which is peopled by millions of inhabitants. Damasippus, in "Horace," laid down the doctrine that all men are mad—"insanus et tu, stultique prope omnes." Dr. Ball, without going quite so far as this, holds that the number of persons perfectly reasonable on all points throughout the entire period of their existence form but a minority of mankind. The world abounds with people whom an exact scientific diagnosis would condemn as mad, or more or less "touched;" yet at no time of their life would it be practicable to put them under restraint.

Such people are to be seen occupying honorably and successfully every position in life and society. He assigns the first place to those who suffer from irresistible or imperative impulses. Naturally enough he referred to the case of Dr. Johnson and the curious impulse which prompted him to touch each post as he walked along the streets—an impulse so strong that if he accidentally passed one by without the usual tribute of a touch, he felt irresistibly compelled to return and repair the omission. The overpowering impulse to laugh on occasions of peculiar solemnity is one which even the most serious persons have experienced. A still more morbid impulse is that which sometimes urges pious people to indulge in blasphemous or profane language. A great English divine, Bishop Butler, was tormented all his life long by this temptation, which he only mastered by strong and sustained efforts of the will. The impulse sometimes assumes a suicidal form. Dr. Ball was consulted by a young man who was engaged to be married, but who found it impossible to visit his intended bride because it would involve a journey of some length in a railway carriage, and he could never enter one without feeling a desire to jump out as soon as the train was in motion. He was advised to accustom himself gradually to this mode of travelling by taking short journeys on the suburban line, but he could never get beyond Auteuil; there he had

to leave the carriage for fear of accident. Homicidal impulses are likewise met with. Thouviot was tortured with a burning desire to kill some woman or other, but he never felt the slightest wish to take the life of a man. He battled with the impulse for years, but at length it got the better of him. One day he murdered a young girl, a perfect stranger to him, whom unfortunate chance threw in his way in the kitchen of a restaurant. Dr. Ball was consulted some time ago by an artist who was a prey to these murderous impulses. He had married early in life, his family was large, and his cares and anxieties large in proportion. At about eight-and-thirty, without physical ailment of any kind or any specially unfavorable turn in his affairs, his mind began to be affected. If he saw a mirror he experienced a desire to smash it; near a window he felt a temptation to jump out; he never got a bank-note in his hand that he did not feel inclined to tear it in pieces. These morbid promptings presently assumed a more formidable shape: he began to be assailed with a temptation to strangle his children. His little daughter was dying of croup, and he spent night after night by her bedside nursing her with the utmost tenderness. "Yet," said he to the physician, "at the moment when I was praying, with tears in my eyes, that the child's life might be spared, I was tormented with a horrible desire to take her out of the cradle and throw her into the fire. Even now," he added, "as I speak to you, I feel a most intense desire to strangle you; but I check myself." The doctor never saw this patient again; a circumstance which he has perhaps no reason to regret, for as he was a man of powerful build he would have been an "ugly customer" had his sanguinary impulses proved beyond his control. But up to that time, as the doctor remarks, he had kept them successfully in check. His nearest friends did not even suspect that he was subject to them. He fulfilled all the duties of life in a correct and exemplary manner. The morbid fears belong in this category and exert a strong influence when occurring in persons of neuro-pathic diathesis or otherwise hereditarily degenerated. Ball is much more radical than the American alienist who claimed that one out of every five persons were insane, or than Dr. Wilkens, of California, who claimed (*Pacific Medical and Surgical Journal*, August, 1882), that in a few years the lunatics would outnumber the inhabitants of that State.

THE PERIOD OF BRAIN DEVELOPMENT—THE DURATION OF BRAIN WEAR.—Some interesting figures in regard to English ministers, past and present, are given in a recent number of the *Pall Mall Ga-*

zette. They show most clearly that English statesmen of the first rank enter Parliament at early ages. Pitt entered Parliament at 22, Lord Liverpool at 20, Lord Castlereagh at 21, Lord Palmerston at 23, Lord Russell at 21, Peel at 21, Gladstone at 22, Lord Granville at 21, and the Duke of Argyll at 24.

The brain wear incident to such office was splendidly borne, and is very interesting to the physician. Lord Beaconsfield, when he left office, was 76, Lord Russell 74, Lord Eldon 76, Lord Palmerston 81; Mr. Gladstone is now only 73.

It is marvellous how long these men not only endured such work, but discharged the high duties of responsible and individual leadership. They were all for many years in Cabinet positions. Lord Russell, 24; Lord Liverpool, 25; Lord Eldon, 26; and Lord Palmerston, 28. Mr. Gladstone has been only 19 years in the Cabinet, while his Premiership has lasted nearly 8 years; Lord Palmerston's lasted 9 years and 4 months, Lord Liverpool's nearly 15 years, and Mr. Pitt's 18 years. From these comparisons it is argued that Mr. Gladstone's should at least outlast the duration of the present Parliament.

DR. C. R. AGNEW read a carefully prepared argument to the New York State Medical Society, in which he claimed that, in adopting the new Code, the Society had merely put itself in accord with the laws of the State, which clearly recognized the existence of other classes of practitioners of medicine. "The man," he said, "whom the State has pronounced to be a legally constituted practitioner you cannot disfranchise. Repeal the new Code, and you put this Society in opposition to the policy of the State, and you attempt to coerce this Society into an attitude which no thinking man outside our profession would take."

By parity of reasoning, it may be said that a large and bad portion of the male community is endowed with the elective franchise, and that as it is impracticable to disfranchise them, every gentleman should, on account of this fact, associate on terms of equality with them. To make the argument of this misguided and distinguished physician still worse, it is proper to say, that no physician, who takes the code of ethics of the American Medical Association as his guide, seeks to disfranchise the exponent of any exclusive and ridiculous professional dogma; he is only convinced that Ephraim is wedded to his stupid idols, and is determined to leave him alone. Certainly not to embrace him, or to affiliate with him, and, still more certainly, not to accept him as an equal, and to "consult" with him, when such a consultation is to determine often the question of life or

death. No physician in this country would, if he could, disfranchise the homœopaths, or eclectics, or hydropaths, or the red-pepper men or any of that ilk; *he only wishes to let them alone; and, under no possible circumstances to compromise himself by "consulting" with them at the bedside.*

PUBLIC MEDICAL OFFICIALS suffer very much from the intrusion of politics into the domain of medicine. Not long ago every asylum physician in Virginia lost his place for political reasons. In New York one physician was appointed superintendent to get rid of him as a candidate for the legislature, and another was placed into a similar position, because of his giving, when a penitentiary physician, a noted convict too many privileges, thereby awakening public indignation. For these and similar facts, Americans are often censured by English and French medical journals. To judge from certain cases recently reported from England and France, the sufferings of the physician at the hands of the American politician are as nothing when compared with the treatment received by the English and French medical men from the sapient English Justice of the Peace, and his brother, the French communal official. English Justices of the Peace formed a theme of ridicule for Shakespeare and Scott, and the specimens of the present day fully deserve such ridicule. Dr. Medlicott was (*Journal of Mental Science*, October, 1882) suddenly dismissed from an English county asylum under circumstances of great indignity, such as have never overwhelmed any American medical victim of the "machine."

The French, however, excel the English, for (*Concours Medical*) Dr. Hôpital, having resigned a communal medical position because of a reduction of an already meagre salary, also dissuaded any medical man from taking it, lest he starve to death; whereupon the communal authorities served a writ upon him, threatening him with damages, if further statements of the kind were made. If the American physician is subject to the attacks of the politician, he is at least not the prey of justices of the peace; and the French communal authorities who add insult to injury, and are totally indifferent to public opinion.

The medical officials in America are often disgracefully treated by political tricksters, but they are at least in a little better position than are their brethren in England and France. This may be poor comfort to those who are badgered, and browbeaten, and displaced, but it is well to know that America is not as bad as she is represented to be in this respect. She might be worse. She might and will be better, as soon as her political knaves are controlled by a

better opinion. Every physician loves his country, and when he hears her abused for the discreditable supremacy of political knaves in officering her public institutions, it is well to know that in Europe "things" are worse and not better; and that as fully as officers of American institutions are controlled by despicable powers, the condition of affairs abroad is worse. Poor comfort indeed, but an important fact.

TRANSFUSION FOR ASPHYXIA.—A great deal of parade, in the newspapers, is being made over the "successful transfusion" of C. J. V. Okeburg, in this city, by Dr. F. C. Valentine, for an asphyxia, produced by illuminating gas.

As the man was not dead when found, as the gas was at once "shut off," as the heart was beating, though "the pulse" was not appreciable, and as he was breathing ten to the minute, it may be said, with an approximation to certainty, that with the gas-poisoning stopped, and a current of fresh air introduced, the patient would have revived without difficulty if nothing more had been done. Transfusion was unnecessary; it increased the danger of death by bad manipulation, (though this seemed to have been fairly practised), and evidently had but little, if anything, to do with a recovery fairly to be effected without it.

But even if necessary, it has often been done for such a purpose, and there was nothing in regard to its performance worthy of notice.

As to the statement by Dr. Valentine, to "the reporters" that transfusion was simple and easily performed, but that it would not do for the public to know this, as the doctors would "be down on him," this was not only absolute charlatanism, pure (or rather impure) and absolute, but it was a libel on the medical profession of this country. Dr. Valentine knew and must know this, that the profession makes no concealments of scientific resources; but, on the contrary, uses every means to make these known without money or reward.

S. F. B. MORSE AND THE TELEGRAPH.—The New York *World* contains the following statement:

The honor which Rome has paid to the memory of Morse links anew the story of the telegraph with the memory of Franklin, in honor of whom a tablet at Passy has long commemorated his sojourn in Paris. Morse, during his second visit to Europe, spent nearly a year at Rome in 1830 engaged in the study of Italian art. During that visit he was elected to the Chair of Fine Arts in the University of New York, and it was on his homeward voyage in 1832, on board of the packet ship Sully, that the idea of the

electric telegraph first came into his mind. In conversation one day on board the ship, one of the passengers spoke of Franklin's observations upon the inconceivable speed of the electric current. Morse, who was even then deeply interested in electrical phenomena, was struck by the remark, and worked out its suggestions. When he left the ship he took the captain's hand and said: "Captain Pell, when my telegraph has become the wonder of the world, remember that it was discovered on board the Sully, October 13th, 1832." So ends the extract.

This must be either pure fiction or a sham. No one knew better than did Mr. Morse that the discoverer of the electric telegraph was Dr. Joseph Henry, formerly of the Smithsonian Institute, Washington, D. C. Dr. Henry states over his signature, in a volume of the Transactions of the Smithsonian Institute, that he long had an electric telegraph in operation in the Institute, but had not time or inclination to bring it before Congress and the world. At a visit made by Mr. Morse to him, Dr. Henry so stated, and informed Mr. Morse that he (Mr. Morse) could take the instrument and apparatus and do with it as he pleased. How this was done, how the aid of Congress was successfully invoked, how the first "line" of telegraph wire was run from Washington to Baltimore has now become historical; but ninety-nine persons in every hundred, including scientific men, persist in ascribing to Mr. Morse the glory of an invention which sprang from the brain of the great scientist, the modest physician, the retiring man, Joseph Henry, of the Smithsonian Institute.

These facts are indisputable. Mr. Jefferson Davis was Secretary of War at the time; he received them from Dr. Henry, as Dr. Henry has since given them officially to the world, "*palmar qui meruit ferat.*"

NEW PHASE OF WOMAN'S RIGHTS.—Senator Crocker presented in the Massachusetts Legislature last week a remonstrance against woman suffrage, signed by Mrs. Theodore Lyman, Mrs. Charles R. Codman, Mrs. Robert C. Winthrop, Mrs. Peter C. Brooks, Mrs. Amos A. Lawrence, Mrs. Henry C. Lodge, and many other ladies of Boston and vicinity. The Boston *Congregationalist* says: "Their example is likely to be followed, to some extent, but probably will not be so far as to show how generally the women of the State are opposed to the suffrage movement. Without depreciating the high character and great energy of those who advocate woman suffrage, or the social preeminence of some of them, it is true, nevertheless, that, in spite of their incessant demands for public attention, they are comparatively few in number."

OLD PHASE OF WOMAN'S RIGHTS.—The Philadelphia *Ledger* says that many "prominent citizens, of all occupations and professions, many of them being distinguished women," have petitioned the Trustees of the University of Pennsylvania to reconsider their decision of November 7th, 1882, and open the doors of the University to women on the same terms as to men.

THE POET WHITTIER is engaged in a crusade in favor of women's rights.

The fact is that women have all the rights that 999 in every 1000 of them wish. They have been crazy for the ballot, and whenever it has been given to them they have declined to use it.

Scott knew all about women when he said:

"Oh woman! in our hours of ease,
Uncertain, coy, and hard to please;
And variable as the shade,
By the light quiv'ring aspen made;
When pain and anguish wring the brow,
A ministering angel thou."

THE PRIVILEGES OF AGE.—"Can it be true," said a female friend to Miss —, one of the Kingston female students, "that you have actually dissected a man?" "Oh, yes," was the reply, "but it was an old man."

THE ENGLISH A FOREIGN LANGUAGE TO ENGLISHMEN. At the close of Dr. Morell Mackenzie's lecture at the Bellevue Medical College, New York, one of the students from "out West" remarked to his neighbor, "That feller talks our language very well for a foreigner."

Two errors on the title-page of the last issue were not detected until the journal had been printed. To correct them it was necessary to pass that page of the whole issue through the press again, this produced some delay, but it was thought best to lose a little time and to secure accuracy in the date and number of the issue.

CURIOUS EPITAPHS.—An article in the February number of *Macmillan*, entitled "Churchyard Poetry," contains several curious epitaphs collected by Mr. Harrison. On a tombstone in the Isle of Wight is inscribed the following that carries "business" even further than was ever done, even by "the wooden nutmeg" traders of familiar notoriety:

Here lies the landlord of the Lion,
He's buried here in hopes of Zion;
His wife, resigned to Heaven's will,
Carries on the business still.

Has any "inconsolable widow," or the disconsolate of any land ever done as well in advertising?

GAILLARD'S MEDICAL JOURNAL.

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No. 10.

ORIGINAL ABSTRACTS.

IODOFORM IN TUBERCULAR MENINGITIS.—From the reports of certain autopsies (*Alienist and Neurologist*, October, 1882) it would appear that tubercular meningitis is much recovered from more frequently than is generally imagined. Dr. Bauer-Moers (*Deutsche Medicinische Wochenschrift* No. 18, 1882) reports the case of a girl five years old, who for fifteen days presented cephalalgia, anorexia, photophobia with agitation, slight febrile movement, grinding of teeth, depressed abdomen, rapid, and at times intermittent pulse, obstinate constipation and a hot head. She was treated by the application of a ten per cent iodoformized collodion on the forehead, temples and muchal region; six weeks after treatment the child appeared to be cured. It should, however, be remembered that tubercular meningitis is a disease that has at times remissions.

IODINE IN MALIGNANT PUSTULE.—Dr. Poladura (*Revista de Medicina y Cirurgia Practicas*) reports a case in which iodine exerted a markedly beneficial effect on malignant pustule. The patient was a shepherd, forty-one years old, of sanguine temperament and good constitution, who five days before coming under observation presented local and constitutional symptoms of facial malignant pustule. The treatment consisted of incisions, excisions, the actual cautery, antiseptic and emollient applications. During the next two days following, the œdema and induration had attained such a degree as to constitute a veritable monstrosity; the temperature was 104° F. There was vomiting and great prostration. Tincture of iodine was given internally, and antiseptic applications continued. Ten hypodermic of a two per cent tincture of iodine solution were injected around the zone of induration. Subsequently the symptoms became aggravated. Injections were again made into the œdematous region. The day after this the delirium, as well as the sweats and chills, had dis-

appeared, and the pulse was stronger. An inflammatory circle was visible at the margin of the eschar. Cure resulted from the continuance of this treatment.

EPHEMERAL RHEUMATISMAL NODOSITIES.—Drs. Troisier and Blocq (*Revue Mensuelle de Médecine*) have recently called attention to this rare condition, first described by Froriep and Jaccond. Small subcutaneous tumors appear, sometimes as elevations more or less marked, and sometimes only discoverable on palpation; of spherical or ovoid shape and ordinarily well circumscribed. They vary in size from that of a grain of wheat, a bean, a pea, or a hazel-nut. They offer a peculiar resistance to the finger, are firm and rather more elastic than hard, more or less movable under the intergument to which they are not adherent, as a rule, and are most frequently but little sensitive to pressure, but pain is sometimes experienced. These tumors may appear upon any portion of the body, either in the neighborhood of joints, remote from the diseased articulations, as on the head (then usually on the frontal and occipital region), or upon the ear. They vary greatly in number and often appear in successive crops. They develop rapidly, and in a short time acquire their largest dimensions, but disappear after a number of hours or days without leaving a trace. In the observation detailed by Drs. Troisier and Blocq the affection showed itself during the decline of acute articular rheumatism. Dr. Féréol states that several times during fifteen years, he has seen these superficial nodosities in a lady. They were formed from day to day, and appeared upon the forehead, and presented the appearance of rounded eminences, of elastic hardness and regular contour. There was no discoloration of the skin, and no sensitiveness even to strong pressure; nor itching, pricking, or heat. These nodosities, varying in size from a hazel-nut to a pea, were never very numerous; sometimes there was one, sometimes there were two or three, never more. When there were several of them they were unequal

and asymmetrically placed. They appeared upon the patient's awakening, and originated during the night without producing any malaise. In fifteen years this phenomenon was repeated twenty-five to thirty times; the lady otherwise enjoyed good health. She was descended from an arthritic family, but had never had rheumatism up to date, although there was a rebellious pityriasis of the scalp, and migraine, appearing about once a month. There was no relation between the appearance of these nodosities and menstruation, which was the case with the migraine, with attacks of which menstruation often coincided. Dr. Féréol has observed analogous cases. It is difficult at present to determine precisely the anatomical seat of these tumors. Dr. Troisier supposes that they develop in the fibrous tissues, periosteum, ligaments and aponeuroses, and that they sustain to the subcutaneous connective tissue the relation of contiguity only.

ABNORMALLY LOW TEMPERATURE FROM COLD.—Dr. W. H. Draper (*Medical Record*) reports the following case of this kind: The patient, a male, about forty-five years of age, was brought into the New York Hospital January 23d, comatose and pulseless, having been found in this condition in a hallway. It was not known whether he had been drinking. At 6 A.M. pulse was 42; respiration, 13; temperature, 87°. Coma complete; patient could not be aroused therefrom. On examination, he was found to be very thin, poorly nourished, and both legs were œdematous and swollen; feet icy cold and blue. There was slight automatic movement of the left arm; respiration slow and weak; breath not very alcoholic; no cardiac impulse. Radial artery was pulseless, and had the feel of a cord. Femoral gave a slight feeble pulse. Pupils not dilatable. Conjunctiva still sensitive, giving slight reflex in the eyelids. Otherwise all response to reflex excitation completely lost. The skin over the entire body was dry and cold to the touch. Urine dark-colored and scanty; and catheter contained amorphous urates and albumen. The patient was immediately sponged with tepid mustard-water, and placed in the hot bath, hot bottle applied to the feet. Spirit vini. gall., $\frac{3}{4}$ j., and digitaline, gr. $\frac{1}{4}$ given. At 9 A.M. respiration was somewhat improved, and pulse better. A vigorous slap on the cheek now brought reflex action. At 12 M. temperature 85°, taken in the rectum and urethra. At 1 P.M. patient could be aroused; sensibility had returned to a certain extent. The insertion of the hypodermic needle gave rise to pain. At 1.30 P.M. ether and spirit vini. gall. given; also digitaline, gr. $\frac{1}{4}$. At

2 P.M. temperature in the rectum 93°. Instances on record of collapse from severe injury, hæmorrhage, etc., gave even a lower rectal temperature than the 85° obtained in this case, but Dr. Draper had never before seen such a low temperature as this from cold. At 3 P.M. patient was still in the hot-air bath. Though partially comatose, he was so far restored as to be able to respond when spoken to, but immediately subsided into a state of unconsciousness. Some reflexes had also returned, and there was considerable tossing about of the arms and occasional muttering. The patient died the same night, and on autopsy chronic renal and hepatic changes were found.

TYPHOID FEVER COMPLICATIONS. — Dr. W. H. Draper (*Medical Record*) says, concerning the management of these, that certain complications may occur in the course of typhoid fever. The principal accidents which may imperil the patient are congestion of the lungs; perforation of the intestine; perforation of a blood-vessel. All these require special attention. First: Cough is almost always present, dependent upon a moderate degree of bronchial catarrh. There is always more or less congestion at the base of the lungs, owing to the feeble circulation, the dorsal decubitus, the weakened muscular fibres, and shallow breathing. A good plan is to have the patient sit up for a while, or change his position, in order that by forced inspiration the lungs may become more inflated than otherwise. It is always necessary to increase the force of the heart's action. Oil-silk jackets may be used, or the patient can be wrapped in cotton. If the bronchitis is severe, dry cups should be applied. Second: The symptoms of intestinal perforation are acute pain, accompanied by rigors; a sudden prostration, and a very remarkable degree of collapse. This accident makes the prognosis more serious. It is possible to produce a reaction sufficient to set up a peritonitis; nevertheless, as the patient is in a state of collapse and in immediate danger, stimulants and opium are indicated. Opium has a most beneficial effect on the heart, and should at once be given hypodermically, to insure a speedy effect; leeches, blisters, etc., are of no use. Third: Blood in the stools, indicating that a blood-vessel has been perforated by one of the ulcerating Peyer's glands, is a grave and serious symptom. Absolute repose should be obtained, and the diarrhœa, and even the patient's desire to defecate, be controlled if possible. Opium is, therefore, indicated. Styptics should be administered per anum. These do no good by the mouth, as the lesion is situated so far down the intestine.

PREGNANCY BLINDNESS.—Dr. E. G. Loring, after an extended discussion of the subject of pregnancy blindness and the question of premature delivery (*New York Medical Journal*, January 20th, 1883), comes to the following conclusion. First: That examination as to the condition of the eyes of pregnant women should be made much more frequently than they now are; and that these should be made as a routine matter, in all cases, since it has been discovered that about one third, or thirty-three per cent., of those who have an organic lesion of the retina or optic nerve from kidney trouble either have none or make no complaint of any reduction of vision. This may seem almost incredible, but the ophthalmologist has become only too painfully aware how often, and for how long a time, eyes may be affected with an inflammatory process of great intensity, and yet give rise to no complaint on the part of the patient. Thus, a retinitis or a neuro-retinitis which, in its primary stage, exists for months unsuspected, may lead, after a long interval, through the secondary or atrophic state to complete blindness. Since no complaint is made of any loss of sight until near the end of the pregnancy, it has been assumed that the trouble did not begin until that time. Dr. Loring is inclined to think, however, that, while this is no doubt true, especially of the cases of uræmic origin, there are very many cases, especially those dependent on albuminuria, in which the trouble really began long before; and that the eyes, if examined, would often have given evidences of disease long, oftentimes months, before the explosion took place which has cost many a mother her eyesight, and oftentimes her life, both of which, by a timely examination and a timely operation, might have been saved. He even goes so far as to say that he believes that evidences of albuminuria not infrequently show themselves in the eye before any manifestation can be had in the urine. Second: He concludes that where a deterioration of vision has occurred, with or without marked ophthalmoscopic changes, and where blindness is threatened, premature delivery is indicated. These conclusions are much too positive, and the subject is viewed from too specialistic a standpoint for them to be of any value, as a guide in practice.

NEW TREATMENT FOR CANCEROUS ULCER.—The ulcer commenced in a hardened elevated tumor of the skin just below the point of the ear, growing slowly, not painful at first; when, about two years previous, it had attained the size of a walnut, the ulceration of the surface of the tumor began and pain also set in. The ulceration of the ulcer steadily progressed until it had attained the size described, and latterly had

frequent profuse hæmorrhages, until at the time Dr. Collins saw him death seemed imminent from exhaustion if not from ulceration of the carotid vessels. The situation of the ulcer precluded the use of the knife or cautery. *Fresh* ergot was ground to an *impalpable* powder and applied three times daily to the entire face of the ulcer with a large soft hair pencil, the ulcer being washed thoroughly once every day. The powder was used dry, allowing all to adhere that would. After each application the ulcer was covered with a light muslin rag wet with a lotion of: $\mathcal{R}$. Acid carbolic, 3i; Acid sulphurous, 3iv; glycerinæ, 3i; Aquæ, 3ii ss. M. S. Lotion.

He was put upon quinine, iron, cod-liver oil, and the usual restorative treatment. In a short time the discharge assumed the appearance of laudable pus, the induration of the lymphatic ganglia disappeared; the elevated; stony and nodulated periphery subsided, the floor assumed a healthy aspect, and in twelve weeks the ulcer had entirely healed and has remained so up to the present time. His general health rapidly improved, and up to this time has been continuously good. This gentleman had an uncle to die of a similar ulcer, and an aunt of cancer of the breast. The results in the other cases were as good, and in view of its harmless nature and corroborative cases since reported from Germany, there is no reason why this treatment should not be tried.

ERGOT IN CANCER.—Dr. W. A. Collins, Madison, Indiana (*Cincinnati Lancet and Clinic*), says, in brief, that he found that all writers on this subject held that these ulcers progressed by reason of their excessive cell growth or hypernutrition, and knowing almost if not every remedy had failed of the cure and could think of nothing, as an effort, more suited to the indications, of diminishing vitality, vascularity, and capillary circulation, and at the same time as free from objection, than ergot. He says that he tried this in one case and the results were so excellent that he was led to try it in nine other cases. The first case, a fair sample of all, is as follows: The patient applied to him in April, 1876, for the treatment of an ulcer of the left side of the neck and face, involving the parotid gland and ear; which ulcer was about four by five inches in diameter, extending from the meatus of the ear downward and forward along the sterno cleido mastoid muscle, the centre being below the angle of the lower jaw, and was of an irregular circular shape and surrounded by an elevated, indurated and nodulated margin or roll about one inch in diameter, thus making the extreme extent of the ulcer about six inches. The general depth being about one inch below surface of

margin, yet in the centre it was deeper, at which point the pulsation of the carotid artery was plainly visible. The floor was covered with indurated, nodulated bodies, and the discharge was of a sanious nature, the elevated margin and the floor being quite hard. The cervical, post-cervical and submaxillary lymphatic ganglia were much involved, being indurated and tender. He was emaciated, weak, had poor appetite, and colliquative sweats, and colorless face, which in health had been very florid.

EYE LESIONS OF PROGRESSIVE PARESIS.—Dr. Charles Dutugue (*L'Encephale*, January, 1883) claims that in the first stage of general paralysis there is always irregularity of the pupils, papillary congestion, retinal, arterial and varicose dilation. In the second stage the lesions are more marked with the addition of decided papillary and peripapillary œdema. The disk is often obscured or masked by œdema, proportionate in extent to the duration of the disease. In the last stage, the papilla is small, flat, and gray in color; the vessels which normally give it a pink tint, having disappeared from the optic atrophy. Atrophy of the choroid, retinal hæmorrhages, and granulations of the retina and choroid also occur. These results are but an extension of those of Clifford Albutt ("Ophthalmoscope in Nervous Disease," C. Albridge, West Riding Asylum Reports, volumes I. and II.), and Monti ("De l'Ophthalmoscope dans les Maladies Mentale"), Spitzka, ("Journal of Nervous and Mental Disease," 1877, p. 270) have shown that these claims are much too positive, and that cases can be found in which eye lesions are absent.

CARBON BISULPHIDE IN NEURALGIA.—Dr. A. M. Stout, Sussex, Wis. (*Medical News*, February 17th, 1883), finds that the external application of bisulphide of carbon is of great value in neuralgia. It, however, fails at times and stains the flesh more or less permanently. It at first causes a marked tingling and even severe pain when applied. It is very probable that it acts on the counter-irritant rather than the anæsthetic principle. Cautiously used it is likely to be of value in intractable neuralgia. The drug is, however, a poison, and causes death by direct paralysis of the respiratory centres. It unites under certain conditions with alcohol, and forms an acid called xanthenic, decomposable by heat into alcohol and bisulphide of carbon.

TOTAL EXTIRPATION OF THE TONGUE.—Dr. G. Fiorani (*Revue de Chirurgie*, January 10th, 1883) has successfully used the following procedure for total extirpation of the tongue. The patient, seated

on a chair in the upright position, has the head well extended and supported on the breast by an assistant. A vertical incision, one third of an inch in length, simply passing through the skin and cellular tissue, is made in the median line of the sub-hyoid region. The operator then introduces the left index finger into the patient's mouth, and passes it down into the left lateral furrow as near the hyoid bone as possible. A trocar is passed into the pharynx through the cutaneous incision, and the loop of a doubled wire passed through the canula. Through this loop a thread is passed which is drawn out through the canula so that its ends remain in the mouth and the loop lies outside of the wound in the neck. This is also done on the right side of the neck, and the free ends of the thread passing through the left side are then drawn out on the right side. The thread is then replaced by a rubber cord two feet and a half long and one seventh of an inch thick, which is placed in position by passing it through the loop of the thread, and then drawing the ends of the thread out through the wound. One loop of the double elastic ligature is then passed forward over the tip of the tongue, so that it lies under the tongue on the floor of the mouth, and the ends are then tightened and knotted in front of the neck. Very slight pain is produced by the operation, and that caused by tightening the ligatures lasts a few minutes only. Inflammatory reaction can be subdued with ice. On the third day the tongue becomes gangrenous; infection is easily prevented by packing the mouth with iodoform gauze. The tongue should be secured by a thread passed through its tip, and separates on the tenth or eleventh day.

EXCRETION OF LIME SALTS IN PHTHISIS.—This subject of clinical, therapeutical, and pathological interest, has once more been investigated by Senator, Berlin (*Centrablatt für die medicinischen, Wissenschaften*, 1883, page 11). It has been claimed that the amount of lime in the urine is increased in phthisis, but Schetelig had recently questioned the correctness of the conclusion. Relatively and absolutely the lime salts appear to increase in the urine during tuberculosis. There are very wide limits within which the amount of this excretion varies in health, viz., from ten to twelve grains in twenty-four hours. Still, this maximum is exceeded in phthisis. The continuous observation of an individual over a lengthened period demonstrates a positive increase. The source of the lime salts is not the food, neither can it be referred to the wasting of the lungs, for these show an increase, and not a diminution, of their calcareous constituents when tuberculous.

Senator suggests that the bones are to be credited with the excessive discharge, inasmuch as they manifestly waste in phthisis; the yellow marrow becoming red, and the lime salts being set free in the process.

DEFECATION AND PERINEORRHAPHY.—Dr. Goodell (*Medical News*, February 17th, 1883) reports having recently performed perineorrhaphy upon an insane woman sent to him for that purpose from an asylum. Her insanity commenced after labor, and was complicated by a complete perineal laceration extending two inches up the rectum. He had always prevented any action of the bowels during the first week after the operation. This patient, after coming out from the influence of the anæsthetic, tore the bandage from her knees, removed the catheter, and by severe straining efforts secured a movement from the bowels. As she could not be controlled, laxatives were given to secure liquid stools and avoid straining. The patient walked freely about the ward from the day of operation. He expected the operation would be a failure under such circumstances; but to his surprise, on removing the sutures, he found that in the rectal portion and the important part of the perineum union had taken place. His attention has been called by this case to the question of the advisability of keeping the bowels constipated after this operation. He intends to try the effect of laxatives in future cases. At the meeting of the Society at which this was reported, Dr. R. P. Harris reported the case of a woman who, after the operation of perineorrhaphy, would strain, and her efforts at defecation opened the wound to nearly its original extent. In a second operation on the same patient the bowels were kept free, and union was perfect. D. E. E. Montgomery, after perineorrhaphy, does not use a catheter, as he does not consider healthy urine disadvantageous for a wound. He has been in the habit of using compound liquorice powder to keep the stools liquid. He has had good success in both primary and secondary operations upon the perineum when the rectum was involved.

MYXŒDEMA.—Dr. Coxwell (*Lancet*) recently exhibited at the London Clinical Society a child, aged thirteen, with symptoms resembling myxœdema. Until eight years of age she was the same as other children, could read, write, and learned arithmetic. A great change then occurred. She often fell asleep, even when eating her meals, memory became defective, and if sent to do anything she wandered about in an aimless fashion. Later her speech grew thick and indistinct; she suffered from headache, her head

drooped forward on her chest; her hands and feet were very cold; her legs became weak and her gait unsteady. Her face was very suggestive of myxœdema, her skin was translucent, with a circumscribed patch of redness in the centre of the cheeks, the lower eyelids swollen, the nose broad, the eyes prominent and heavy looking. The limbs were slender and well formed. The thyroid gland was diminished, and there were no abnormal fatty tumors in the region of the neck or elsewhere. Her temperature was frequently as low as 95.6°. She was extremely restless at night, and had frequently screamed paroxysmally. Her speech became worse, till at last she could hardly utter a single sound, the lips being seen to move ineffectually when she attempted to do so. She could not kiss her mother or puff out her cheeks, and her food often remained seven or eight minutes between her teeth and lips. There was general mental impairment. If the present case be myxœdema, it is the first recorded in a child. If one of simple imbecility, it presents bulbous symptoms and a marked likeness to myxœdema.

KAIRIN, A NEW ANTIPYRETIC.—Filehne (*Berliner Klinische Wochenschrift*, No. 45, 1882) calls attention to the value of derivatives of chinolin, which he, with Fischer and König, have found of great value as an antipyretic. These are kairin, kairolin, and, finally, chinolinæ hydrate of Wischnegradsky. Of these kairin seems most likely to be of permanent value as an antipyretic. The muriate of kairin is a crystalline, clear grayish yellow powder, slightly soluble in water, having a bitter, saltish aromatic taste, which is disagreeable to some patients, and is therefore given in wafers with a subsequent drink of water. The antipyretic effects are constant. In healthy adults fifteen to twenty-two grains had no effect on the temperature. In disease, the largest dose hitherto prescribed is fifteen grains every two hours. Filehne in sthenic fevers gives five to seven grains every hour to hour and a half. The influence of fifteen grains lasts no longer than three hours; of seven grains but two hours. The remedy has shown a marked control over the temperature of croupous pneumonia. The urine, when kairin is being given, becomes dark green.

MELANCHOLIA CURED BY VENESECTION.—Dr. Fordyce Barker (*New York Medical Journal*, October, 1882) reports a not very accurately described case of what he calls melancholia, which was markedly improved by the removal of twenty ounces of blood, and cured by subsequent venesection and removal of a smaller quantity. Dr. Barker does not give the

indications on which he recommended venesection, and, although he does not say so, it seems to have been the suggestion of the patient herself. Now, while the removal of blood might enable an over-worked heart to supply the brain with blood, it is much more probable that the case was one of hysteria, on whose imagination bleeding made an impression, and whose symptoms thereupon disappeared in the same way that analogous symptoms do after a pretended oöphorectomy.

BORACIC ACID IN EYE DISEASE.—Dr. A. Stocquart (*Annales d'Oculistique*, June, 1882), is inclined to believe that boracic acid is of great value in non-suppurative inflammatory conditions of the external portions of the eye when vascular engorgement has not lasted too long, and is not present in the dense membranes. He is inclined to believe that boracic acid prevents the secretion of pus from the mucous membrane, and thus diminishes the gravity of the inflammation.

IODOFORM IN OPHTHALMOLOGY.—Dr. Deutschmann (*Archiv für Ophthalmologie Band XXVIII., Heft 1*) advises the employment of iodoform by ophthalmologists in powder and in ointment form in small quantities. Large amounts cause hyperæmia and conjunctivitis resembling that produced by a protracted employment of atropine, slight granulations, as well as secretion. If the patient has been under local or general mercurial treatment before the employment of iodoform, the conjunctival cul-de-sac should be thoroughly cleansed out before using iodoform. Deutschmann used iodoform finely powdered in eyeball wounds as an antiseptic prophylactic, since, unlike carbolic acid, it causes pain. One would think its tendency to produce fungous granulations would be an especial disadvantage. Deutschmann uses iodoform in conjunction with borated dressing in purulent keratitis and serpigenous ulceration, with excellent results.

COLOR SENSITIVENESS.—As bearing on certain disputed points in regard to color blindness, some recent researches of Cohn (*Archiv für Augenheilkunde Band XI., Heft*) are of interest. He claims: First: That in different persons there exists the greatest possible difference as regards the intensity of artificial light required for the color perception. Second: Eyes of the same individual may differ often in the most marked degree. Third: Under a certain intensity of illumination everything appears colorless. Fourth: Red, orange, and yellow are perceived under a lesser intensity of illumination than green, blue and violet. Fifth: Under weak, artificial illumination, certain persons cannot demarcate yellow from red. Sixth: Colors

on a black ground are more easily perceived than those on a white. Seventh: Violet is not easily recognized on either ground. Eighth: Decrease of illumination causes a change in color perception differing in different persons.

INSANITY FROM SCARLATINA.—Dr. J. G. Kiernan (*Journal of Nervous and Mental Diseases*) concludes: First: That three groups of mental phenomena are produced by scarlatina, independently of delirium. Second: That the first is a species of melancholia agitata, attended by hallucinations, and its inception is preceded by a decline to normal of the high temperature previously existing. Third: That the second group consists of cases of dementia, due to meningitis of scarlatinal origin, the patient passing from the hyperpyrexia of scarlatina to that of meningitis, on recovery from which he is found to be demented. Fourth: That the third group of patients show either marked change from the character antecedent to the attack of scarlatina, or else retain in after life some of the juvenile characteristics of the period prior to the attack of scarlet fever, or, occasionally, become victims of moral insanity. As has been shown by Kräpelin (*Archiv für Psychiatrie Band XI.*), Spitzka (*Journal of Neurology and Psychiatry*, November, 1882) and Prichard (*American Medical Weekly*, January 20th, 1883), there are certain post-scarlatinal forms of insanity beside that mentioned above. These have a relatively good prognosis.

URETHRITIS IN THE FEMALE.—Dr. Fisséaux (*Journal de Médecine de Bordeaux*, December 16th) has had good results in the treatment of urethritis in the female by the use of saponated coal tar. A wadding tent is steeped in this compound, introduced into the urethra, and there allowed to remain even during micturition, being renewed every two days. This procedure is not attended by any unpleasant consequences, and the urethritis yields rapidly.

ORIGINAL ARTICLES.

AN OPEN LETTER FROM DR. A. Y. P. GARNETT, OF WASHINGTON, D.C., TO DR. WILLIAM HUNT, OF PHILADELPHIA, PA.*

WASHINGTON, D.C., February 20, 1883.

MY DEAR DR. HUNT: In acknowledging the receipt of your "Annual Address" before the Philadel-

*The treatment of President Garfield is an old and much worn subject, and had well nigh dropped into the partial obscurity of history, but Dr. Hunt, of Philadelphia, in his recent address before the Academy of Medicine,

phia Academy of Medicine, permit me to express my appreciation of the compliment you pay me, by preferring a special request that I should give it a careful perusal.

During our short interview upon the subject matter of this address, when I last had the pleasure of meeting you at the entertainment given our mutual friend, Dr. John L. Atlee, I had no opportunity of even intimating to you the views which I have always entertained upon this subject. If you will pardon a little prolixity, and excuse the apparent presumption of antagonizing such acknowledged high surgical authority, I will endeavor to do so at present, in as brief a manner as may be consistent with an intelligent exposition of those opinions. Without pretending to defend or even examining the position taken by Professor Esmarch, I shall discuss the subject from the standpoint of my own conclusions, based in a large measure upon personal observation and experience during four years of active surgical practice, while in charge of three military hospitals. The question at issue, and the one to which I shall confine my remarks is, was the wound inflicted upon President Garfield by the bullet of the assassin necessarily fatal? In assuming the negative of this question, I am aware that I am placing myself in antagonism to the published opinions of many of the leading and most distinguished surgeons of this country, but so fully am I impressed with the orthodoxy of my views upon this subject, that I feel no hesitation in presenting them to you under circumstances which seem, at least, a legitimate excuse or invitation for me to do so.

In estimating the value of this wound as a causative agent in accomplishing the death of Mr. Garfield, let us first consider the causes arising from gun-shot wounds which result in death. These may be divided into immediate and remote, or primary and secondary. Under the head of the immediate, may be classed as the most important and usual, shock, hæmorrhage, and destruction of some vital nerve centre. Of the remote or secondary causes we may mention inflammation, pyæmia, and secondary hæmorrhage. You will, I hope, excuse this didactic method of presenting elementary facts, but it is necessary to revert here to first principles, in order that we may advance by the light of acknowledged truths, *principiis obsta*. Considering then the primary causes above stated, does the clinical history of the case show that any one of these was instrumental

has deemed it worthy of re-discussion, and has so discussed it that Dr. Garnett deems it due to science and to the profession to place on record the following facts and criticisms.

E. S. G.

in destroying the life of the patient? Did he die of shock, or of the destruction of any nerve centre, or of primary hæmorrhage? Certainly not. We must then eliminate from those agencies operating in this case to destroy the life of the patient, such active factors recognized as primary causes, which occasion death in gun-shot wounds, as inapplicable to the case under review. Let us next consider, in this connection, those conditions which I have enumerated under the head of secondary causes. Before proceeding to do so, however, it seems to me that in order to arrive at an intelligent comprehension of the anatomical features of this wound, and form a proper judgment of its consequences, it will be expedient for us to make a somewhat detailed examination of the lesions inflicted from the point of impact to the point of rest, and in so doing I propose that they be considered by sections. First, the lesions made on the right side of the spinal column, second, those inflicted upon the vertebral column itself, and third, those lesions produced by the ball on the left side of the spinal column. By far the most important of these, and the one which, in my judgment, exercised the largest share in accomplishing the death of the President, and the first which arrests our attention, is the masses of shattered ribs, which were permitted to remain in situ for nearly *three weeks*, creating a focus for future trouble and disaster. Passing this point we discover nothing of primary importance in the channel produced by the bullet, until we reach the vertebral column; here we find the body of the first lumbar vertebra perforated by the ball with an irregular aperture, in consequence of the splintering of the external surface of the bone, leaving a few minute particles of ossific matter in its passage. The spinal foramen with its protecting laminæ was entirely intact, and the medulla spinalis with its meningeal and nerve attachments left in a comparatively healthy condition. The well-defined and instructive clinical manifestations which immediately followed the receipt of the wound, unerringly showed that the spinal cord had received some injury, while the speedy restoration of the normal functions of that organ conclusively demonstrated that the nature of that injury was due to shock, and not to any organic lesion. So far, we have found nothing, in my opinion, to which, under judicious and skilful surgical treatment, the death of the patient could fairly be attributed. The third and last section, as described by the report of the autopsy, embraced many grave features, but rather attributable to the decadence of vital power, degeneration of tissues, and systemic blood poisoning, than to any direct or active agency of the ball itself.

They say "that in this section a mass of blood of irregular form, *nearly as large* as a man's fist, was found, that the fatal hæmorrhage proceeded from a rent four-tenths of an inch long in the main trunk of the splenic artery, two and one half inches to the left of the cœliac axis. This rent must have occurred at least *several days* before death, since the everted edges in the slit in the vessel were united by firm adhesions to the surrounding connective tissue, thus forming an almost continuous wall bounding the adjoining portion of the blood clot, moreover, the peripheral portion of the clot in this vicinity was disposed in pretty firm concentric layers." It will thus be seen that the immediate dissolution of the President was attributed by these gentleman to secondary hæmorrhage as described in the above extract from their report.

I am writing to you, my dear doctor, *currente calamo*, just as my ideas on this subject present themselves. You will, I hope, therefore exercise your amiability and excuse any idiosyncrasy or crudity of style that you may discover. In discussing this particular point involving the secondary hæmorrhage, and apparently the point upon which the controversy rests, I do not see that the report made by the necroptists offers any explanation touching the manner in which the rent found in the splenic artery was produced. I have understood, however, that some of them have suggested that it was due to a contusion made by the bullet at the time the wound was inflicted, others ascribe it to a giving way or breaking down of degenerated arterial coats. Why this particular vessel was elected for such a manifestation of the general discrasia seems difficult to explain, nor does the theory that the vessel had been contused by the passage of the bullet present a satisfactory or tenable explanation, for it seems scarcely possible that in such a condition the coats of the artery would have maintained their integrity, and resisted the disintegrating and destructive action of a slow inflammation for a period of three months; such it seems to me would have been an exceptional result, if not an absolute anomaly. On the contrary, both experience and recorded authority teach, that in gun-shot wounds we may feel pretty safe from secondary hæmorrhage after three, or at most six weeks have elapsed from date of injury. Be the cause, however, what it may, the fact still stands that there was an opening in the artery of sufficient magnitude to produce fatal hæmorrhage, and upon this fact, chiefly, these gentlemen rest their declaration that the wound was necessarily fatal. Let us see how far the clinical history of the case goes to sustain such an assumption. Suppose no wound had existed

in the artery and no secondary hæmorrhage occurred, does any one of the attending physicians, or any other intelligent medical man who followed the history of the case as given to the public, believe that President Garfield would have recovered? I venture to answer not one. When that hæmorrhage took place the patient had already passed the Rubicon, he was a dying man, and could not in all probability have survived two weeks longer. Granting then that the secondary hæmorrhage was only an incidental cause of death, and possibly hastened the end but a few days, we are logically driven to seek some other cause more remote and more profound and widespread, to which we can consistently, with scientific truth, legitimately attribute the fatal result; and while I am prepared to acknowledge that such a lesion as that found in the splenic artery must necessarily have caused a sufficient loss of blood to occasion death, I am not disposed to hold the bullet entirely responsible for such a result. The fact, as stated by the report of the autopsy, that this rent occurred a few days prior to death, taken in connection with the explanation that this opening of the artery was due to decay of tissue, goes far to show that the vital forces had been overwhelmed, and the tissues degenerated by blood poisoning. That the establishment of a large pus sac by the presence of necrosed fragments of shattered ribs, constituted the *fons et origo* of all the consecutive mischief. This brings me to the point upon which rests what criticism I have to offer, touching the conduct of those who had professional care of the case. I refer to the unfortunate error committed, in my judgment, by the consultants in allowing a mass of comminuted ribs to remain untouched on the day of their first consultation, taking for granted alleged facts, which should only have been ascertained by the closest personal examination and critical scrutiny. We all know that the first elementary rule in military surgery is to search for, and remove as speedily as practicable, all foreign bodies found in gun-shot wounds. We may, in many cases indeed, let the ball, if deeply seated, take care of itself, and direct our attention to what, if present, will prove far more dangerous, such foreign bodies as buttons, fragments of bone or clothing, or pieces of broken watches, or coins, etc. In my opinion, had these fragments of ribs been removed at once, by a free large opening, before inflammation and suppuration had commenced, and the system become contaminated by blood poisoning, the direction which the ball had taken would have been discovered, and a free exit established for all septic secretions. We should then have escaped the somewhat mortifying spec-

tacle of having distinguished surgeons engaged in daily explorations through sinuses, made by burrowing pus, in search of the bullet, and positive declarations made to the world, that it had been discovered in several distinct localities remote from each other, while the unfortunate victim was steadily journeying in the direction of the grave, under the influence of fatal toxæmia.

We should, in all probability, have prevented the establishment of pyæmic foci in different parts of the body, and had the patient been liberally fed and sustained, instead of being kept in a condition of seminarcois impairing the function of digestion, he might have escaped the disastrous and fatal condition of pyæmia, of which he undoubtedly died.

If it be true, as stated by those who performed the autopsy, that the secondary hæmorrhage which was, they say, the immediate cause of death, resulted from a split in the splenic artery, that this slit had occurred but a few days prior to death, is it not fair to presume, in the absence of any other orthodox pathological reason, that the arterial lesion was due to the general discrasia, and degeneration of tissues, which resulted from the blood poisoning, and that had this depraved condition of the system been anticipated by the conservative surgical procedure so obviously demanded, to which I have alluded, no such lesion could have taken place, and hence the wound *per se* cannot be regarded as *ex necessitate*, a fatal one?

And now, my dear doctor, at the risk of being considered tedious, and severely taxing your patience, I propose that you shall accompany me on an imaginary trip along the passage made by this ball, and taking observations by the wayside as we progress, endeavor to satisfy our minds of its true character, and determine, as far as possible, its direct instrumentality in destroying the life of the patient. We will suppose that this journey occurs just ten days prior to the death of the President. Entering the portal of the wound, we first encounter the large pus sac produced by the comminuted and necrosed fragments of ribs, which were not removed for *three weeks* after the shooting had taken place, and which, as I have above stated, constituted the fountain of all subsequent mischief. Leaving this point we travel on toward the spinal column, passing on the way another small pus sac beneath the liver, but having no connection with our *via vulnata*, we meet with nothing indeed except a pyogenic pavement, furnishing but a comparatively small quantity of pus. Next we encounter the spinal column itself, and discover a direct tunnel or passage through the body of the first lumbar vertebra, around this we find a small amount of detritus

consisting of fine particles of cancellated ossific tissue of no material importance, if they had been allowed to escape by a sufficiently free opening. At this point it is necessary for us to pause a while, in order that we may settle before proceeding on our journey the difference of opinion existing between us as regards the importance and danger of gun-shot wounds confined to the body of this vertebra. I observe in your supposed dialogue with Professor Esmarch, you say, referring to the illustrated wounded vertebra in the report of Dr. Bliss and his associates. "How any surgeon can look at that drawing and reflect upon the surrounding structures which if not directly were by contiguity involved, and then say not that it is not *possible* for a man so wounded to recover, but that he ought to recover through modern methods properly applied, it is hard to conceive." Again you say: "I feel no hesitation in here challenging him (Professor Esmarch) to produce a single human specimen, unquestionably proving a recovery from a perforating gun-shot wound of the body of a vertebra." Now it is just here, my dear doctor, that the issue between us presents itself, and, strange as it may appear, impressions the very opposite suggests themselves to our minds. Instead of regarding the appalling picture here presented of the wound, and its environments at this point, as the inevitable results of the initial lesion made by the bullet, and a condition which could not be averted through "modern methods properly applied," my belief has always been that the proper application of "modern methods," if promptly adopted, was fully adequate to meet and avert such possible consequences. The mere wound through the body of the vertebra, in my judgment, constituted a comparatively insignificant factor, since the spinal cord with its meningeal and nerve attachments had entirely escaped serious injury. There are few surgeons of experience who have not met with cases where the bodies of one or more vertebræ have been destroyed by inflammation, and the life of the individual not imperilled. In all of the fatal cases of gun-shot wounds of the spine, reported in the "Surgical History of the War," the injury involved the laminæ and processes which constitute the greater part of the bony foramen occupied by the medulla spinalis. In not one, so far as I have been able to ascertain, was the injury confined to the body of the vertebra; and since the death of President Garfield, other cases presenting all the features of such a wound, with recoveries, have been reported by medical men from various parts of the country. I can well conceive that where no other important organ has been involved, for example, a bullet passing from one side through the dorsal

muscle, and perforating the body of the first lumbar vertebra lodges in the muscles of the opposite side of the spine, that the chances would be largely in favor of a speedy cure. It occurs to me that you run but little risk of contradiction in your challenge to Professor Esmarch, for the obvious reason that all recoveries of this kind have very probably passed beyond the control and observation of those who conducted the treatment, and subsequently dying of some other cause, afforded them no opportunities for post mortem examination. If agreeable, we will now adjourn this controversial point and proceed on our journey.

Emerging from this bony tunnel through the vertebra we travel along a smooth track coated with pus to within one and a half inches of the seat of the ball. Bear in mind we are travelling this route ten days antecedent to the death of the patient, and according to the official report some days *prior* to the bursting or giving way of the splenic artery, consequently our way is not impeded or blocked up by coagula of blood. What do we discover here? Some purulent secretions and minute granules of bony tissue, but no visible traces whatever of injury to any of the adjacent organs, the blood vessels all intact, the pancreas, the spleen and peritoneum all languidly performing their functions, but like the blood vessels and lymphatics, so far as can be seen, free from any lesions. Peering beyond the channel, which, according to the official report, had healed up from this point to the seat of the bullet, we discover the missile securely wrapped in the beautiful integument which the conservative and skilful hand of the *vis medicatrix* had woven around it, serenely quiescent, comparatively innocuous, and playing the part of a negative factor in this melancholy drama.

And now, my dear sir, before bidding each other adieu, let me ask you in all candor, what have we discovered up to the period selected for our tour of inspection, to prove that the bullet of Guiteau was the direct cause of the death of President Garfield? Is it not a reasonable supposition, founded on sound surgical truths, that he might have been saved had the fragments of bone been removed in the beginning, affording him a chance to escape the painful ordeal of prolonged suffering and fever, which terminated in death.

Finally, permit me to add, that if you will recall to mind the incongruities and contradictions which characterized the statements made by some of the authors of this report during the progress of the case, and after its termination, you will understand, I apprehend, why I have not reposed such implicit confidence in the accuracy of that report, as you seem to have done.

With high esteem, I subscribe myself, very truly your friend,

ALEXANDER Y. P. GARNETT, M.D.

A CAUSE OF POSTPARTUM UTERINE HÆMORRHAGE NOT OFTEN APPRECIATED. BY R. H. CULBERTSON, M. D., Brazil, Ind.

There is one cause of postpartum uterine hæmorrhage which it has often occurred to my mind has not received from the profession the consideration which its importance demands. I allude to the presence and partial enucleation of fibroids. Recently I have made a point of introducing this subject when I have met with physicians, and it is remarkable how many of them profess never to have met with a single case of the kind. Now with no larger opportunity than those afforded by a private practice, I have had such a number of such cases that I can hardly resist the conclusion, or at least the suspicion that there are a greater number of these cases than are recognized, the per cent being so very small as compared with those which depend upon the other causes. I apprehend too many physicians taking it for granted the hæmorrhage depends upon other causes so much more common, do not make the necessary examination, and therefore do not detect the particular cause in question, even in those *comparatively* few cases where it does exist, and where it could and should be ascertained and known. Now, if it be true that such cases, however few, are thus overlooked, it is perhaps a sufficient apology for the writing of this short article, and if in a single instance by calling attention to the subject it shall lead to the necessary examination and correct diagnosis, it will subserve a most excellent purpose; for this is a matter of *practical* importance involving the health and perhaps the life of the patient, and also the reputation of the physician. Such cases necessarily terminate in one of the three following ways: First, it may happen, I will not say most fortunately, for that, to say the least, is questionable, that the hæmorrhage may cease, or be arrested if you please, while the tumor still remains and the patient makes an ordinarily good recovery, so far as appertains to the process and consequences of parturition alone, leaving out of the question the evils that may arise from the tumor subsequently; but secondly, and with much greater probability, it may happen that although very much moderated, the hæmorrhage may not entirely cease; but whether it does or not soon chronic or rather secondary hæmorrhage and more or less sloughing with consequent foetid and putrescent discharges set in, leading to anæmia and enervation if not to septicæmia; or thirdly the primary or immediate hæmorrhage may

terminate fatally, and perhaps the uterus, not having been examined, the real exciting cause, the tumor, may not be detected nor suspected, and in the mind of the physician the hæmorrhage satisfactorily and fully accounted for by attributing it to the want of contraction of the uterus, adequate to the closing of the vessels of the utero-placental surface, or in other words to the usual cause of postpartum hæmorrhages.

Now, what is the lesson to be learned, what is the practical suggestion, and how applied? I apprehend simply this: In all cases of postpartum hæmorrhages, do not fail to bear in mind that it may be caused by fibroid or other extraneous growths within the uterine cavity, and in all cases after the expulsion of the fœtus and the expulsion or extraction of the placenta with the membranes, complete and entire, if the hæmorrhage should continue to be of such a character, or if there should be unusual pains, especially extreme pain in the back, or any other symptoms which may indicate, or if there should in short, be any possible reason to suspect such a cause, the uterus should unhesitatingly be explored. For if only a clot should be discovered, or if indeed the uterus should be found empty, neither of these conditions would serve as the slightest argument that the introduction of the hand in the exploring had been detrimental; but, on the contrary, in the one case you could thus be enabled to remove the clot more promptly than in any other way, and in the other to induce the desired and necessary contraction. And if the cause suspected, the cause under consideration should be found to obtain, then you have fully demonstrated not only the propriety but the necessity for the exploration, without which nothing definite about the case could be known, but through which you may fully understand the situation, and therefore may be competent to so manage the case as to avert or avoid the worst and every untoward and disastrous consequence before mentioned; for by simply completing the process by nature already begun, that is by separating the tumor and extracting it from the uterus, you may promptly arrest the hæmorrhage, and thus you not only accomplish the immediate and imperative necessity in the case, but in the same procedure you also completely and radically obliterate the cause, and therefore prevent secondary hæmorrhage and all the other previously enumerated disagreeable and serious consequences; and I apprehend there is now time, indeed I think it is a most opportune and auspicious time, to extract the tumor, even if it should not be absolutely necessary to the arrest of the hæmorrhage. And I may say that so far as my experience goes the tumor has been, even

where a large attachment had to be broken up, been readily taken away. Sometimes, of course, there might be greater difficulty than at others, but ordinarily, by the exercise of a little skill, it may be readily accomplished, perhaps with about the same facility that an attached placenta may be detached and delivered. After attending any case of labor it is a good rule to be sure that the uterus is empty and well contracted before leaving your patient.

TRANSLATIONS.

SURGICAL SOCIETY, PARIS, Séance of Dec. 22d, 1882. Translated by H. McS. Gamble, M.D., Moorefield, W. Va. From the *Union Médicale* of Canada.

M. Polaillon read a report upon a work of M. Beauregard (du Havre) relative to osteotomy of the tarsus for the cure of club-foot.

The observations are followed by photographs and plaster casts. The reporter shows how one had at first thought of removing the astragalus as a remedy for equinus and the cuboid to cure varus; how more recently an osseous wedge has simply been resected in order to restore to the foot its rectitude.

This method had its origin in Germany, and only two French surgeons, M.M. Parisot and Beauregard seem to have accepted it. M. Beauregard has removed the osseous wedge with the chisel and mallet; he has thus performed tarsotomy in four cases of varus-equinus, in which tenotomy and section of the plantar aponeurosis gave no result. In a work of M. Chauvel, published in the *Archives de Médecine* (1882) it is seen that this operation is followed by five and a half per cent of deaths; it is then a grave operation. After this operation the patient ought to walk entirely upon the plantar surface of the foot and without the aid of any apparatus; but, in the observations of M. Beauregard, it is said that the patients have been able to walk, but with an apparatus. It is then a partial success.

In a discussion which took place at the Academy, M. Jules Guérin said that this operation had been coolly received by surgeons; it is because, prior to adult age, there is no club-foot which can not be cured by tenotomy, syndesmotomy, and manipulations.

I believe then we might conclude by saying: Tarsotomy is not admissible upon children; it must be reserved for grave cases among adults.

M. Th. Anger. I have had quite a large experience

in the treatment of club-feet, and I must say that I have seen no case resisting tenotomy, and above all the application of a well-made apparatus. I have practised at the Hospital Tenon, section of the tendo Achilles upon a subject, the bearer of a club-foot of thirty-six years' standing. I applied upon him an apparatus of continuous action, and six months afterward he left cured, walking upon the bottom of the foot, and with ordinary shoes. When he entered he walked upon the dorsum of the foot; there was present, moreover, a trophic ulcer upon the outer aspect of the leg; this latter, as is the rule in cases of infantile paralysis, was atrophied.

In the presence of such results, I am but little inclined to tarsotomy, especially as the casts which M. Beauregard sends you seem to me far from being perfect, and as his patients must make use of an apparatus in order to walk.

As to the apparatus which I have used, I have employed bands of caoutchouc in order to exercise fraction.

I would also say to the Society, that in cases of infantile paralysis, to remedy the atrophy and trophic troubles, I habitually advise repeated frictions with alcohol or benzoin, and above all the use of electricity, either the continued or the interrupted current. I have had very excellent results.

M. Verneuil. In accepting the conclusions of M. Polaillon, especially in saying with him that tarsotomy is useless among children, I wish to remark that, according to the photographs which have been sent to us, these club-feet did not require such a grave operation. Beside, we see adults walking very well with club-feet, gaining their living without suffering; shall we impose upon them this operation?

The plaster casts of the results of M. Beauregard do not seduce me; for my part, I will never perform this operation upon a subject under twenty years of age. I will remark that M. Nepven has presented a memoir upon the cure of trophic lesions by electricity.

M. Desprès. I am willing to accept also the conclusions of M. Polaillon; but, in opposition to M. Anger, I believe that there are some cases of club-foot which resist tenotomy. Beside, tenotomy is only a preliminary operation intended to facilitate the application of an apparatus. We must not forget, when we have to deal with paralytic club-feet, that the apparatus, such as Duchenne (de Boulogne) has exhibited, not only ought to correct the deformity, but to supplement the muscles, and I believe that, in order to have a complete cure, it is necessary to make the patients wear, up to adult age, an apparatus with artificial muscles.

As to these trophic ulcers which I do not hesitate to qualify as perforating sores, they sometimes oblige surgeons to sacrifice the foot. M. Lefort has reported a case here, in which he had to perform an amputation of the foot; I myself have performed a sub-astragalienné* disarticulation in similar cases. I observe with regret that after tarsotomy the patients have preserved a talipes-cavus (pied-creevy), the worst of all the varieties of club-foot.

SELECTIONS.

CIRRHOSIS OF THE LIVER. CLINIC, BY JAMES TYSON, M.D., OF PHILADELPHIA.—I have recently been showing you some cases of disease of the liver, and to-day I bring before you another of the same class. Our patient is thirty-eight years old, is a tin-roofer by trade, and was admitted to the house September twenty-seventh. He had always been healthy, but for the last four or five years has been what might be called a hard drinker, frequently going on spruces. For six weeks previous to his admission he had been drinking steadily. On the morning of the day on which he was admitted, he had a very profuse hæmorrhage from the nose, and that night he had a second hæmorrhage, which was checked only by packing the nostrils with tannic acid. He also had some nausea and loss of appetite. The second day after his admission (September twenty-ninth), he noticed his limbs were swelling, but an examination of his urine revealed nothing abnormal. About the same time his abdomen began to enlarge. You can all see to what extent this enlargement has taken place, and by placing my hand on one side of the abdomen, and gently tapping the other side, I get distinct fluctuation, showing distinctly the presence of fluid. Now, what conditions will cause the presence of fluid in the abdominal cavity? First, we have obstructive disease of the heart, which, by overloading the venous system, causes the watery elements of the blood to exude through the walls of the vessels. An examination of this man's heart fails to reveal any lesion; so we can exclude this. In the second place, it may be caused by renal disease. But if there be any disorder of the kidney of sufficient gravity to produce the amount of ascites present in this man, it would undoubtedly produce albuminuria; and we have failed to find any albumen in this man's urine.

* Sous-astragalienné. I hardly know how to anglicize this word.—G.

Excluding these two, then, narrows it down to the third—*i. e.*, some interference with the portal circulation. Let us examine the liver and see if we can detect any alteration in it.

Having the patient on his back, percussing in the mammillary line, we find that dulness begins at the fifth rib and extends to the edge of the ribs.

In the line of the ensiform cartilage there is tympany all the way from it to the umbilicus. In the mid-axillary line, dulness begins at the seventh interspace, and passes without interruption into the dulness occasioned by the ascites. In percussing the liver you will find it to be more easily mapped out by having the patient lie on the left side and draw up his thighs toward his abdomen; and I will now percuss him in that position. Going back to the mammillary line, we find dulness begins at the sixth rib and is replaced by tympany at the eighth rib. In the mid-axillary line dulness begins at the seventh rib and is replaced by typany at the tenth rib. Posteriorly, dulness begins with the tenth rib and merges into that of the lumbar muscles. By this examination you perceive the liver is smaller than normal.

Now, what diseases are there in which the liver is smaller than in health? I can recall but one—cirrhosis, or interstitial hepatitis. Let us now take up this man's symptoms, and see wherein they accord with the phenomena of this affection. The first thing that he noticed was the hæmorrhage from the nose, and I called your attention to this symptom. What was the cause of it? It was entirely mechanical. The blocking up of the portal system causes engorgement of the veins all over the body, and the hæmorrhage from the nose was simply an effort of nature to relieve the engorgement. Hæmorrhage into the stomach and intestines is a more frequent symptom, and is even more directly accounted for. Next there is the ascites. We have seen that the liver is smaller than normal, and this contraction must necessarily compress the vessels which pass through its substance. As a result of this, the current of the blood is retarded, and the serum exudes through the vessel-walls, producing the ascites.

Let us for a few moments consider the etiology of the disease. It is an error to regard the use of alcohol as the only cause of cirrhosis. In the vast majority of cases it doubtless is the cause; but I have seen cirrhosis in children two or three years of age and in young men of twenty; and Dr. Harley, in his recent work on the liver, refers to such cases (p. 307). The use of liquor, syphilis, and a prolonged exposure to malarial influences will produce it. When seen in very young subjects, it may generally, with very good reason, be attributed to congenital syphilis.

Let us pause to consider briefly the morbid anatomy of the affection. In this case the cirrhosis is evidently due to alcohol. In the excessive use of this substance the liver is the first organ to suffer organically, because the alcohol reaches it immediately after its absorption, in a comparatively unaltered state, and diluted only by the secretions of the stomach. Acting as an irritant, if long continued it soon excites an overgrowth of the connective tissue along the ramifications of the portal vein. The first product is a round-celled embryonic tissue, by the presence of which the bulk of the liver is actually increased; but, organizing into fibrillated connective tissue, it has the property of all such new-formed tissue, it contracts and compresses the proper parenchyma of the organ that is, the cells, and destroys them. When the circlets formed by the smaller branches of the portal vein are involved, the areas included in them are compressed and forced to rise upward, forming grain-like elevations, whence the term "granular liver." When branches of medium size are involved, larger areas of liver-substance are compressed, and elevations, of which many correspond in size to the hob-nail, are produced, and there results the so-called "hob-nail" liver; and when still larger branches of the portal vein are involved, we have even larger bulging areas, and a "lobulated" appearance results.

As to the treatment, I am confident that small degrees of interstitial hepatitis may be removed by appropriate measures; and even where the overgrowth of interstitial tissue is decided, the process may be so modified that the liver will be able to perform its offices. Most important, however, is the removal of the cause; and where this is the excessive use of alcohol it must be discontinued, if any results are to be expected.

The remedy for the removal of the hyperplastic connective tissue is pre-eminently iodide of potassium. It is best given in moderate doses while fasting, and in a large quantity of water. Two and a half grains in a tumblerful of water and on an empty stomach will do more good than five grains in a small quantity of water after meals. Along with this, the bowels must be kept active with salines. If there be any specific taint, one thirty-second to one twenty-fourth of a grain of bichloride of mercury may be given along with the iodide, three times a day. In malarial cases iron and arsenic are indicated. Counter-irritation over the region of the liver may be produced by an ointment made of equal parts of mercurial and belladonna ointments. In this patient the treatment has been five grains iodide of potassium, largely diluted, three times a day, fast-

ing, and his bowels have been kept freely open by the administration of salines. He has greatly improved under this treatment, and says that he is very much better. There is still, however, some fluid in the peritoneal sac which had much better be removed by tapping, and I had intended to tap him in your presence, but he objects to the operation, and I will not insist upon it. He will improve much more slowly than if this water were taken away.—*Medical Times*.

SOME DELUSIONS REGARDING THE OYSTER. BY CHARLES L. DANA, M.D., of New York City.—The oyster does not present a very lofty theme, and I venture to apologize first for calling attention to it at the present length.

Mr. Herbert Spencer, in his address upon America, made no reference to this interesting animal, and we are left to infer that it has no importance in American society, and no definite relation to the problems of evolution. But one may fairly claim that this is a neglect, and that he went too far in ignoring what is so unobtrusive. For the oyster represents, very typically, that absence from work and worry which should characterize the evolved life toward which Americans are advised to strive. Furthermore, the oyster, beside thus offering us certain valuable ideals, is a very considerable factor in the social life of the "R" months.

With this preamble, I venture to submit some corrections of prevalent errors regarding the mollusk in question.

First: That the oyster digests itself. For several years the statement, quite uncontradicted, has been going the rounds of the press, that the oyster digests itself. I believe that Dr. Wm. Roberts first gave currency to it. The theory is that the oyster has a large liver, which contains a diastase, and that this diastase, in some inscrutable way, digests the whole animal, under suitable conditions. Thus it has become a wide-spread belief that the oyster, taken into the stomach, does, by virtue of its liver, execute a kind of *felo de se*. Such a belief is very consoling when a person is committing midnight indiscretions with *ostrea edulis*, and it is unpleasant to be obliged to dispel it. Yet it is a fact, which the accompanying record of experiments will show, that an oyster has no more self-digestive power than a man. The hepatic diastase referred to has no power except to change glycogen into sugar—a very trivial matter. It cannot even digest the liver tissue. I have kept oysters, previously crushed between the teeth, in water, (temperature 100° F.) acidulated, and neutral, for hours, with no resulting digestion whatever. I have even dissected out the liver, and given it the

best possible chance to eat itself; but neither the mystic diastase nor any other ferment at all affected its succulent autonomy. The oyster does not and cannot digest itself.

Second: That raw oysters are always more digestible than the cooked. I quite admit that the ordinary stew is less digestible than the plate of raw oysters. The stew generally contains milk, butter, and a large number of oysters, all of which complicates the question. Half a dozen oysters, however, roasted* in the shell, or simply boiled a short time, will be digested nearly if not quite as rapidly as the same number of raw. Cooking coagulates the albumen, but coagulated albumen may be more digestible than raw. Thus the white of an egg, unless thoroughly beaten, is slowly digested, and similarly, raw beef has to be finely minced in order to be quickly affected by the gastric juice. Cooking, on the other hand, loosens the tissue binding together the muscular fibrils, and allows the peptic juices to penetrate.*

Third: That fermented liquors dissolve or digest the oyster. Currency has been given in the *Reporter* and many other journals to the following highly instructive tale: Rev. Dr. Houghton, of Dublin, clergyman, physician, and physiologist, was sitting with a friend at a restaurant. Raw oysters had been brought them. Believing, however, that it is proper *desipere in loca*, Dr. Houghton's friend ordered brandy; he himself ordered ale. Wishing to demonstrate the wisdom of his choice and the beauty of physiological processes, Dr. Houghton poured some brandy into one glass, and ale into another, and then dropped an oyster into each. The oyster in the brandy grew hard and shrivelled; that in the ale gradually melted away into a diffusible invisible solution. *Moral*: Drink ale with oysters.

Now Dr. Houghton's name and authority have great weight. I doubt if the incident related really occurred, yet it is widely circulated and credited. But it is quite as well, if one is bound to have bad and bibulous habits, to put them upon as near as possible a physiological basis. Therefore I venture to deny the possibility and accuracy of Dr. Houghton's alleged experiment, at least as regards American oysters. These grow hard in ale or beer, instead of dissolving.

When any one becomes so dissolute, therefore, as to drink fermented liquors with his oysters, he should not allow his habits to be confirmed by a false confidence in the potency of malt diastase.—*Phila. Med. and Surg. Rep.*

* Beaumont found the difference in his single case to be only 20 minutes.

PELLETIERINE TANNATE AS A VERMIFUGE. BY A. JUDSON GRAY, M.D. — My first experience with pelletierine tannate as a tæniifuge has been so satisfactory that I desire to communicate the facts in the case for the benefit of those who, like myself, may have had failures with the older methods of treatment.

After reading the article by Dr. Berenger-Feraud, an abridged translation of which was published in the *Times* for October 7th, 1882, I procured a single dose, —one fluidounce of the solution— at a cost of three dollars, from the American agents, Messrs. E. Fougere & Co., of New York.

The subject of my experiment was a strong, well-nourished man, 35 years of age, of good constitution and strictly temperate habits. He first saw evidences of the presence of a tape-worm five years ago. He had been subjected to four attempts to expel the parasite previous to the one of which I am speaking. The first was with turpentine, which, to use his own expression, “nearly killed him, but did not materially damage the worm,” as only a few distal joints came away. The next three efforts were with pumpkin-seed, resulting in the passage of eight, twenty, and eighteen feet respectively, including a large part of the neck; but in neither instance was the head seen, nor is it probable that it passed away, for after a period varying from two to three months the offspring (not joints) of the worm were again seen. My patient selected November 19th, for the trial of pelletierine, and on the evening before took a light supper of bread and milk, and at bedtime used a large enema of warm water. On rising at nine o'clock the next morning, the full dose of the tæniifuge was taken in a glass of sweetened water, followed in a quarter of an hour by six of Wyeth's compound vegetable cathartic pills. An hour later a substantial breakfast was taken, and enjoyed as usual. At one o'clock P.M. occurred a single evacuation of the bowels over a vessel half full of warm water. The action was free and painless, and brought the worm much knotted and rolled upon itself, but *entire*. It was of the unarmed species, and measured twenty-four feet and six inches. Pelletierine was found to be agreeable to take, and caused neither nausea, giddiness, nor other unpleasant symptom. Half an hour after taking it there was experienced for a few minutes slight exhilaration and a sensation of extreme lightness, the patient remarking that “he felt as if he weighed about three pounds.” The whole process was simple, easy, and entirely satisfactory.

A large number of persons, of both sexes, all classes, and all ages, residing on our Western plains,

are afflicted with tape-worm. My experience with the several methods of treatment coincides very nearly with that given by Dr. Berenger-Feraud, koosso alone having invariably given negative results, possibly because the samples used were inert. I have seen pumpkin-seed entirely successful in expelling the armed worm, but with the other species it is of doubtful utility, although, as Dr. Squibb says in No. 6 of his *Ephemeris*, the efficiency of this and all other means employed may depend to a great degree upon the position of the head of the worm.

I have before in this paper alluded to the *offspring* of the tape-worm. They are important because they are the first unmistakable indication of the presence of a worm in the intestines. Many writers allude to them as “joints,” which is incorrect and misleading. The joints are dead when passed, while these offspring are very much alive, and will continue to move for many hours under favorable conditions. A perfect description of them may be found in Aitkin's “Practice,” and nowhere else within my knowledge. I have been able completely to verify Aitkin's observations, and, furthermore, in several instances have seen these offspring in various stages of development attached to the segments of the parent worm.

NATIVE MIDWIFERY IN RANGOON. By JAMES C. ADY, L.R.C.P., L.R.C.S., and L.M. Edin.

The following case which occurred in my practice, illustrating the barbarous custom among the Burmese in accouchement, may be interesting, and may lead to stringent means being adopted to put a stop to it. On Saturday, November 25th, I was called to the accouchement of a woman across the river at Dallah; on arriving there, I found the woman very much exhausted, and in labor-pains. On inquiry, I was told that she was in strong pains for the past four days; and on making an examination of the abdomen, I found a tight band encircling the body above the umbilicus. It was with great difficulty that I could get that removed, and it was only by my threatening to leave that my order was obeyed. On examination by the vagina, I found the os dilated to the size of a shilling. I used manual dilatation and ergot, and ruptured the membranes, and rapidly brought the head down on the perineum. As the woman wished to attend to the call of nature, I retired to the next room, and on returning found the woman again tightly bound up. As I could not get the people around to remove the bandage, I told them to give her a little rest, and retired to the next room, where I could hear everything that was going on. Hearing a good deal of noise and commotion, I went into the

room, and witnessed but for an instant the process of stamping the child out. "Several women were arranged alongside of the woman." One of them jumped upon the body, and stamped vigorously upon the abdomen; the woman's legs were apart, and several women were watching the effect, and made an exclamation in chorus each time the head protruded from the vagina, amidst the shrieks of agony of the poor victim. In the short time I witnessed this, I saw that the perineum was ruptured right up to the anus. I caught hold of the woman and swung her off, when the next woman jumped on. I removed her also, when a third took her place. They were so excited, that they were more like maniacs than sane people. When I found I could do nothing with them, I took up my midwifery-case, and walked out. In spite of such extraordinary treatment, the woman is still living, but far from well. Another case has just come to my notice of a primipara, in which the woman was in lingering pains for four days, and then the stamping process was adopted, resulting in the birth of a still-born child, and the immediate expiry of the woman. This occurred in the same place. In concluding, I may remark, that the result of death in the second case was, most probably, rupture of the uterus; whereas, in the first case, death was averted through the child being far advanced into the second step.

ON BENT TIBIÆ IN CHILDREN: CAUSE AND TREATMENT.* By CHARLES STEELE, M.D., F.R.C.S.

In this short paper, I do not intend to dwell upon either the characteristic forward bending of rickets or the severe cases of bent tibiæ associated with deformity of the knees or ankles, but to speak of those milder cases where the inner surface of the shaft of the tibia, instead of being straight from the upper to the lower extremity, presents a curve outward and backward; and, in doing so, gives a twist to the ankle, which carries the foot with it, and compels the toes to turn inward. This unseemly appearance is very objectionable in children belonging to the upper classes; and by it, in some instances, I have detected the cause, and confirmed my diagnosis on examination.

These children, with their feet and legs naked, cannot possibly turn their feet outward when walking, unless they straddle their knees; but as, under proper treatment, the curve tibiæ approach the normal straight line, the feet naturally turn straight,

and can be turned outward. If not detected and treated early, bandy legs probably results; and the condition can be remedied, whether late or early, by the use of irons, persistently applied for some time. But irons are objected to if the case be mild, because they are conspicuous; or if the child be very young, because they are likely to tax its strength, and this I have known them to do. Straight wooden splints are used by some; and I have tried them, but without satisfaction, because they take their bearings upon the knee and ankle, which, if these joints be normal, is objectionable; while, as regards both irons and wooden splints, the most valuable time—namely, the many hours during which the child is asleep, and therefore no weight is upon the bones, and no muscular effort can bias treatment—is lost, as irons and splints cannot be worn in bed; and splints, if worn, are either kicked off or pushed by the child into an useless position.

This state of bent tibiæ is generally observed in fine children soon after they begin to walk, and is believed to be caused by the child's legs having to carry a weight heavier than they are able to support. I believe this to be an intensifying, but not the primary cause. I hold, in fact, that, like talipes varus and talipes equino-varus, of which this may be considered the mildest modification, it is congenital, and due to the position which the child's legs and feet occupy *in utero*; the most favorable exciting cause being that of a large child lying in a uterus containing but little liquor amnii, so that the lower extremities are obliged to conform to the rounded containing cavity.

All obstetricians must have observed how newly born infants' limbs, when extended, rebound into the bent position they occupied in the uterus; and that often involves the appearance I have mentioned, and even talipes varus and equino-varus. It is well known also that a good nurse, by daily manipulations, can cure even pronounced talipes. What we need, therefore, for treatment, and early treatment, is an elastic power acting directly upon the bone affected, leaving free the knee and ankle joints, which can be worn when the child is awake and active, and particularly during the long hours of rest. These small light steel spring splints, which I have devised, and which a clever mechanist, Mr. Bryant of Lower Park Row, Bristol, made in accordance with my instructions, are designed to act in the same manner as manipulation. If we place the fingers of one hand on the upper extremity of the tibia, and the other hand on the lower extremity, and both thumbs on the outer surface of the limb, the bone can, with gentle firm pressure, be soon made to assume

* Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Worcester, August, 1882.

almost the straight line, as at an early age it is cartilaginous. These splints consist of a spring shaft well curved outward, having the lower extremity cupped to cover the malleolus of the fibula, and to the upper extremity fixed a transverse band of malleable iron to partially embrace the limb below the knee. In applying them, the centre of the shaft and the lower portion are first bandaged in position; then the upper part is pressed to the limb, the soft band moulded to the surface, and the bandaging completed. I have lately had straps affixed to the extremities of several, and these keep the splints in place without bandages. It is requisite that the splints be not strong, or they cause pain; but, if they be mild and well fitted, I find that mothers and nurses readily apply them, and see their operation; and children do not get them out of place, and wear them willingly both when asleep and when awake; and, so far as I have had time to observe, the results are most encouraging. I have adapted the same principle in these splints for bent radius and ulna in boys, the result of walking-stick fractures which had occurred some months before I saw them; also for keeping a toe straight after division of its flexor tendon for contraction.

SELECTED ABSTRACTS.

DR. ERNEST FRÄNKEL: DIAGNOSIS AND TREATMENT OF EXTRA-UTERINE PREGNANCY (*Sammlung Klin. Vorträge*).—In connection with an extremely interesting case of intraligamentary or extraperitoneal pregnancy, Dr. Fränkel arranges the points of differential diagnosis and treatment in the different stages of extrauterine pregnancy. First, in regard to the case reported, he believes the simplest explanation of the cases in which tubar-intraligamentary pregnancy extends beyond the fourth or fifth month, is that the foetal sac is originally located in the tube; that, then, its lower wall, instead of the upper, thins and distends downward between the folds of the broad ligament, which are capable of distention enough to allow of so long a continuance of the growth of the foetus. The autopsy, in his case, seemed to show this.

Diagnosis of extrauterine pregnancy in the early months is difficult, but, with our present knowledge, not impossible. "Old Heims," the Berlin physician, so celebrated for his brilliant diagnostic powers in such cases, described the following as characteristic symptoms. "Pains like labor pains, usual even from the third or four week on, connected with con-

stipation and retention of urine, a bloody mucous discharge from the urethra, impossibility of lying on the side on which was the foetus, often tenderness limited to one small point, a peculiar tone in whimpering and crying, unlike any other tone of complaint, peculiar motions of the body, twitchings of the face, etc., etc." If, with only such helps as these Heims made so few errors, what should we do at present? First, remember Spencer-Wells' rule, always to suspect pregnancy in case of any abdominal tumor in a woman, extrauterine pregnancy is then to be diagnosed from the following points:

1. From general symptoms pointing to pregnancy.
2. From the presence of colic and crampy pains in the lower abdomen, for which no other cause is present.
3. From irregular discharges from the uterus, and sooner or later a decidua, and
4. From the hearing of the foetal pulse or feeling the child.

These are found in all the books. The *inconstancy* of the symptoms is a great point. There is no pathognomonic one except the foetal pulse and movements of the child while the uterus is empty. The *menses* may remain away entirely, may continue normally, usually are scanty and irregular. The stomach symptoms, the position and shape of the tumors, the other subjective symptoms all vary. One symptom is constant. That is "*the formation and expulsion of a decidua out of an otherwise empty uterus.*" This is always formed, but not always easily demonstrated. Wyder's differential microscopical points between the decidua of menstruation and that of pregnancy have been contradicted by Ruge and Möricke, and it has been clearly shown that the cells in some parts of the decidua atrophy, and shrink to small round cells so much more rapidly than in other parts, that it is not a safe test to scrape off a little by the curette, and examine this. Even the so-called decidua cells "point strongly to pregnancy, but do not prove it." The microscopical examination must be supported by the history and course of the case. A continued amenorrhœa with expulsion of a single membrane speaks strongly for pregnancy. Dysmenorrhœa with frequent expulsion of bits of membrane, is more likely only membranous dysmenorrhœa. When the decidua is expelled as a closed sac, it is almost pathognomonic of pregnancy. The point of time at which the placenta may be expelled varies greatly, and the author does not agree with Litzmann that, after this or after the return of menstruation, we have no further efforts at expulsion of the foetus to fear. He has seen the decidua cast off early, and a late rupture of the foetal sac.

In regard to the menses, the author agrees with Chonstein that amenorrhœa till the end of pregnancy is the rule. The amenorrhœa continues longest in the abdominal form. In the tubal and ovarian forms there are more often, during the second or third month, irregular flows from the uterus, but the author has not found this as important a sign as Chonstein represents it.

In regard to probing the uterus, the author cautions very strongly against it as likely to produce contractions in and perhaps bursting of the sac. Where contractions in the tumor are already present, it should be absolutely avoided (except just before an operation for additional certainty), and the size and shape of the uterus made out by bimanual palpation. The examination of the tumor should be made carefully, and no steps taken which might lead to bursting of the sac, unless we are ready for immediate operation. The exploratory puncture, as used by Goodell and A. Martin, is the last means.

The diagnosis of the variety of extra-uterine pregnancy is difficult. One rule of Schröder's is, "if the rupture occurs in the first four months, the ovum was probably in the tube, or possibly the ovary; if later, in the ovary, or probably the abdomen." The author has shown that tubar pregnancy is more frequent than formerly supposed, and that, in contradiction to this rule, it frequently extends as long as any form. It may be recognized by the long elliptical shape of the tumor, extending across the abdomen, the increase in muscular growth of the uterus, the periodic spontaneous contractions of the sac, the easily excited contractions on sounding the uterus, and the degree of hardness occasioned in the sac by the contractions. In an advanced pregnancy, if the sac is free, and there are few symptoms of peritonitis, the form is probably ovarial; if the latter have been severe, and the child can be felt right under the abdominal walls, the form is probably abdominal. In the latter, the ovum, settling toward Douglas' sac, is apt to dislocate the uterus, cause constipation, and interfere with urination. The characteristics of interstitial pregnancy are very uncertain. The sac may sometimes be felt arching out from the large uterus.

In regard to treatment, three questions arise: First, the choice of place of operation; second, the time of operation, and third, what to do after bursting of the sac.

First, laparo- or elytrotomy? The first point here is, if possible, to avoid cutting into the placenta. In two cases, the position of this may be definitely ascertained. When Douglas' sac and the vault of the vagina is filled with some projecting part of the

child, we are sure the placenta is not there. If the placenta can be felt through the vaginal wall, we would never cut there. In cases where the seat of the placenta is uncertain, laparotomy is the best operation.

Perhaps even more important is the *time* of operation. All are agreed that up to the fourth month, our endeavor should be to kill and promote the resorption of the fœtus. Friedrich's method, aspiration of the sac and morphine injections, is probably the best means to this end. After the fourth month, the rule is to wait till near the end of pregnancy, watching the patient meanwhile with the greatest care. In some cases, the actual or threatened bursting of the sac may make earlier operation necessary. But generally rest, antiphlogistics, and narcotics will bring us too near the end of pregnancy. Then comes the question of active or expectative treatment, whether to operate in the eighth or wait till the tenth month. The author, reminding of how uncertain the calculations of the duration of pregnancy are in these cases, believes in being guided by the strength and vigor of the fœtus, and operates as early as its movements are strong and any appreciable parts of it well developed. Omitting the technique of the operation, the next point is when to operate after the death of the child. Here the author is guided by the condition of the placenta. His endeavor is to wait until its vessels are obliterated, which usually takes six weeks, but if symptoms of infection set in, of course it is necessary to operate earlier. The rule is, "the longer the time after the death of the fœtus, the less is the danger of hæmorrhage, either during or after the operation." In these cases, the placenta is removed in the operation. A. Martin has lately suggested transfixing the placenta, in cases of living fœtus, with needles and heavy ligatures, and immediate removal of it, and has been successful in three cases. He had less success in removing the whole sac, except enough to sew together and drain into the vagina. This is only possible when the walls of the sac are quite free from adhesions, and quite thick, and in good condition. The removal of the placenta, however, is a great advantage.

Third, what is to be done after bursting of the sac? If this occurs in the first three months, the author believes in the expectative treatment, measures to stop hæmorrhage and combat acute anæmia. After the fourth month, rupture of the sac rarely occurs. If it takes place when the child is living, and when we are right at hand, it is well to operate immediately and try to save the child, and such are good cases for Martin's resection of the whole sac. If the child has been dead some time, it is best to wait. In

some cases, the sac and its contents will become encapsuled, in others, form an abscess, which may be treated according to the ordinary rules of surgery.

MRS. DR. TAISSIA MIRONOFF (Petersburg). STUDIES ON THE INSERTION OF THE UMBILICAL CORD IN THE FŒTAL MEMBRANES (*Deutsche Med. Wochenschrift*). The author's studies lead to the following conclusions :

1. Velamentous insertion of the cord occurs in 0.57 per cent of all births.

2. Of 50 children, 25 were not wholly mature, 20 mature and 5 immature, so that three fifths were born too early. The mature children were otherwise healthy and well developed. This may have been because, in these cases, the point of insertion of the cord was not far from the edge of the placenta.

3. Of 50 children, 30 were females and 20 males, a ratio agreeing with that given by Hyrtl.

4. The frequent occurrence of the anomaly in twins is remarkable—5 per cent.

5. Prolapse of the cord occurred twice—1 out of 25—while in general it occurs in 1 out of 96 cases.

6. Four times mature children were still born, $8\frac{1}{2}$ per cent (in normal conditions only $4\frac{1}{2}$ per cent).

7. Umbilical murmur was observed in 1 out of 12 cases, about twice as often as usual.

8. In only one case the left umbilical artery was wanting.

9. Breech and cross-presentations were much more frequent than in general cases.

From this we see that this insertion is of great influence on the life and development of the foetus. But this depends on how far the insertion is from the edge of the placenta, how large the vessels are, etc. The anomaly is much more frequent in cases where there is any hindrance to the movements of the foetus in utero—twins, triplets, tumors, short funis, etc.

J. F., JR.

DR. BEHM (Berlin): INTRA-UTERINE VACCINATION AND THE VACCINATION OF NEW-BORN CHILDREN (*Zeitschrift. f. Geburtsh. u. Gynäk.*, VIII., 1).—Since Spitz and Albrecht have shown that the spores of intermittents may enter the foetal circulation, the placental membrane can no longer be regarded as a perfect filter for organized contagions, but its effects in this direction must be studied in regard to each individual virus. In regard to the possibility of the vaccine virus being transmitted from mother to child, opinions have been much divided. Bollinger especially has claimed that "in the majority of cases" a successful vaccination of the mother renders the child immune. The author analyzes his

proofs and finds them insufficient. Burckhardt, Gast, and others came to the conclusion that this was only *rarely* the case.

The author has made a series of very carefully conducted experiments which we may summarize as follows: 47 women were vaccinated by the sub-epidermoidal method, the subcutaneous or intravenous not being considered reliable. The children of 33 of these, in 29 of whom the vaccination was successful, were also vaccinated. Of these 33, 22 were in the tenth month, ten in the ninth, and one in the eighth month of pregnancy. The author argues, from analogies with variola, that vaccination up to three weeks before confinement should have as much effect as when done earlier. Of the 33 children, 25 were successfully and unsuccessfully vaccinated. Of these 8, in six cases the lymph was shown by control to be poor, while the other two cases seemed to surely be examples in which the vaccination of the mother had extended its protecting influence to the child. In some cases the mothers had from ten to twelve well developed pustules, and the children, when vaccinated, the same number. This seems to show that intrauterine vaccination is possible, but rare.

Two other interesting questions arise: Has vaccination any bad effects; first, on a pregnant woman, and second, on a new-born infant? The first is to be answered by a decided no, and, when we consider the dangers both to mother and child from variola, the necessity of the protection is seen. In regard to the second, the author strongly recommends the vaccination of children a few days after birth instead of at the end of a year. When we consider the danger of variola to which infants may be exposed this is important. The author claims:

1. That there is at this period no febrile reaction.

2. That there is very slight sensitiveness to pain.

3. That nourishment on the breast renders the disturbance of digestion less likely than later, after weaning.

4. The period of dentition is avoided.

5. The children are earlier protected from variola.

His conclusions therefore are: that intrauterine vaccination is possible, but rare; that pregnant women should be vaccinated as early as possible, and that it is better to vaccinate children soon after birth than later.

J. F. JR.

PAWLIK (Vienna): VESICO-VAGINAL FISTULA (*Zeitschrift. f. Geburt. u. Gynäk.*, VIII., 1).—

Dr. P. gives a detailed description of Bozeman's and Bandl's method of *preparation* for operation on vesico-vaginal fistulæ, a method which has, where it is carefully practised, done away with the necessity of the doubtfully useful, Simon's operation of kolpoplexis. P. has seen no case where the necessity for the latter arose since he has used the preparation-method. The object of this is to remove all factors which might interfere with the success of an operation. These are, especially, the cicatricial firmness of the tissues, preventing distention of the vagina, the decreased or lost movability of the edges of the fistulæ, and complications from the side of the ureters. The first step in the method is the procuring of an intact surface in vagina, vulva and bladder. Erosions, ulcerations, diphtheritic, and calcareous deposits must be removed. For this he uses warm hip baths, washing out with warm water and painting the eroded points with ten per cent solutions of argenti nitras. When this is accomplished, more room must be made by incising all constricting cicatricial bands. This must be done carefully, beginning at the vulva, cutting the bands when on the stretch and not too deep, cauterizing the cuts and putting in dilators. Each operation must be done after a bath. The size of the dilators must be increased as the vagina becomes wider, and where there is prolapse of the bladder a large cotton tampon must be worn. Third comes the question of the movability of the edges of the fistule, especially the upper. This usually depends on the adhesions about the uterus. The cervix should (after a bath), be seized with hooked forceps and drawn downward. If cicatricial bands are seen, they must be carefully cut. If the adhesion is higher up, traction, often quite forcible, must be made from day to day till the parts become so movable that the lower edges of the fistula can be entirely covered by the upper. Edges or corners of the fistula which are bound down to bone require particular care. Last comes the important point of the location of the ureters. The openings are sought by drawing down successive parts of the bladder wall with hooks and examining them with a sound. "The fistula is ready for operation when the vagina in the knee-elbow position is fully distensible, no projecting cords are to be seen or felt, when the cervix, that is, the upper edge of the fistula can be drawn over the lower, when the parts attached to bone can be moved sufficiently so that after freshening there will be hold for a suture, and when both ureters can be sounded."

The operation is done on Bozeman's table, knee-elbow position (best on all accounts and not dangerous for anæsthetics), with a simple Simon's speculum

and no retractor. Small, elastic catheters are inserted through the urethra and into both ureters, to remain during the operation. The lower edge is freshened usually with a knife, the rest with scissors. In parts where union might be doubtful, it is well to freshen freely the vesical membrane, as this unites better than the cicatricial vagina. When the ureter opens in the edge of the fistula, only the vaginal portion is freshened and the ureter (sometimes by cutting out a triangular piece) turned in toward the bladder. In suturing, it is important to include carefully the vesical portion. P. has given up the use of a plate and puts in silver sutures in the American method, a silk suture being used to draw them through. The sutures are usually removed on the eighth day.

Pawlik also describes "a new operation to secure continence in the female." This depends on making a flexure in the urethra so that the wall is pressed against the other. The patient is placed in the knee-elbow position, and Simon's speculum inserted. The urethra is drawn as far as possible to the left with hooks, and the point it reaches marked on the tissues covering the pubic bone. The ostium is then drawn down to the clitoris and this point marked. From these marks a crescent-shaped piece is cut out, convex toward the bones. A catheter is inserted and the wound sutured. When one side is entirely healed the same operation is done on the other side. In four cases P. has been entirely successful, and he claims the operation as his own, in opposition to some description of a different operation said to have been performed by Schröder.

Many successful cases of fistulæ are reported. The author claims that his method takes what is best in Bozeman's and leaves out many unnecessary parts, the plate, etc., and is done much more simply and with fewer instruments and fewer assistants. In closing, he again mentions the importance of guarding the ureters.

J. F., Jr.

REVIEWS.

EARLY AID IN INJURIES AND ACCIDENTS.—By DR. FRIEDRICH ESMARCH, Professor of Surgery at the University of Kiel, etc. Translated from the German by H. R. H. PRINCESS CHRISTIAN. Philadelphia: Henry C. Lea's Son & Co. 1883.

This is one of those lay-professional publications so often attempted and seldom or never success-

ful. It cannot be said that this is any better or worse than its predecessors.

It certainly requires the services of the most mature, calm, confident, and efficient surgeon to give early aid in injuries and accidents ; and the attempts of any one less competent seldom do any good, and often do a great deal of harm. As to having the lay reader learn, from this little book, how to treat fractures, hæmorrhages, sprains, drowning, poisoning, etc., until the physician arrives, the statement of the claim is sufficient to expose its absurdity. Fractures badly treated at the first become deformities often ; drowning and poisoning cases, unless expertly treated, soon end in death.

The present effort in this city and others to give all the needed information to lay people (factory hands, railroad workers, policemen, etc.) in a course of four or five lectures, and then to issue a certificate, on the payment of a certain fee, or without the fee, is, if not a fraud, an absolute sham. The advertising of these courses and "the lectures" in the daily papers is charlatanism, clearly unjust and wrong to the Public and to the profession. But the great objection to all such books is that they cause the Public to entirely undervalue the attainments and the services of the accomplished and educated physician. What does a factory girl or policeman or railroad hand, with a diploma given at the end of these foolish little courses of four or five lectures, think of a physician ? Who would put such creatures, after such preparation, in charge of a locomotive ? And yet they are put in charge of a life ! Esmarch and the Princess Christian are scientific buoys for such a launch, but not enough to save such trifling from just reprobation. The whole movement is a danger, a sham, a farce, and often a fraud.

MISCELLANEOUS.

PRURITUS ANI, says the *New York Medical Record*, often proves a most annoying and obstinate symptom, persistently refusing to yield to our therapeutic endeavors. It is, therefore, very comforting to be assured that we have, in two well-known drugs, two equally efficient specifics. Thus, Dr. Steele, of Denver (*Lancet and Clinic*), has found quinia sulphate, rubbed up with only sufficient lard to hold it together, a never-failing specific in this affection. He uses it in both pruritus ani and vulvæ. The nearer you get to the full strength of the quinine,

the more efficacious it will prove ; and some other physician is similarly confident about the local application of Peru balsam. Hence, we are told, there need be no more itching about the anus, and medicine has achieved a new triumph. Selah !

To GAZETTEER MEN who persistently importune us to subscribe for directories containing the names of leading physicians, we have only to say we have no need of their goods. We can generally find the names of most of the eminent men who do not take the *Alienist and Neurologist* among the recommendations of the proprietary medicines asking our daily attention.— *Alienist and Neurologist*.

SHAVING THE QUININE-TREE.—The Ceylon *Observer* reports the practice pursued for some years of shaving bark off living chinchona trees has not been productive of any ill effects. The bark "renews" with even a larger percentage of alkaloid. Some trees have been thus treated on five successive occasions without their vitality having been in the least impaired.

PROLONGED GESTATION.—Dr. Lewis A. Rodenstein (*N. Y. Med. Jour.*) claims to have authenticated four cases of prolonged gestation. In the first case, gestation occupied a whole year ; in the second case, three hundred and twenty-one days ; in the third case, three hundred and thirty-five days ; in the fourth case, three hundred and fifty days. These cases tend very strongly to support the justice of the French-law, that the legitimacy of a child born three hundred days after the death or departure of the husband cannot be questioned.

MYXŒDEMA.—M. Guerlain has observed a remarkable case of myxœdema, or pachydermatous cachexia, supervening on a wound of the neck. M. Verneuil points out that the nervous nature of this affection now appears to be clearly demonstrated ; and that it is perfectly admissible that, in the case above referred to, as in many other diseases, the wound may have an influence on the central nervous system capable of bringing on special phenomena.

BITTER and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before and after the dose, to blunt the sense of taste, and the dose between them in a wine-glassful of iced water, renders it easily taken by most persons.—*Squibb's Ephemeris*.

OIL OF WINTERGREEN IN THE TREATMENT OF ACUTE RHEUMATISM.—Dr. F. P. Kinnicutt draws the following conclusions from the results obtained in twelve cases of acute rheumatism, treated by oil of wintergreen. 1. In the oil of wintergreen we possess a most efficient salicylate in the treatment of rheumatism. 2. In its efficiency in controlling the pyrexia, the joint-pains, and the disease, it at least ranks with any of the salicyl compounds. 3. The best method of its administration is in frequently repeated doses, continued in diminished doses throughout the convalescence. 4. Its use possesses the advantages of being unattended with the occasional toxic effects, the frequent gastric disturbance produced by the acid or its sodium salt, even when prepared from the oil of wintergreen; that its agreeable taste, and finally its comparative cheapness, are further recommendations in favor of its employment.

GAMBETTA'S EYE.—So many stories have been told concerning M. Gambetta's eye that it becomes necessary to re-establish the true facts of the case. The most popular account is that M. Gambetta, when quite a boy, destroyed his eye because his father refused to take him away from school, and this is related as a proof of his determined character. This version has, however, the disadvantage of being absolutely false. The injury was due to an accident when he was a boy. A tool escaped from the hands of a workman in a turners' shop and struck Gambetta in the face, blinding him in one eye. In the course of years the anterior part of the globe gradually dilated and became so large that he could no longer close the eyelids. 1867 the eye was removed by the celebrated oculist, De Wecker. De Wecker preserved the eye, but he ultimately lent it to the histologist, Professor Iwanoff, remarking at the time that it was the eye of a man destined, he was sure, to enact an important part in the history of his country. Two years ago Professor Iwanoff died at Mentone, having still in his possession Gambetta's eye. This relic, together with Professor Iwanoff's collection, was handed over to his most devoted pupil, the Duke Charles of Bavaria, brother of the Empress of Austria and of the ex-Queen of Naples. Thus the eye of the statesman and patriot who, as Dictator, contributed more than any one else to raise armies and resist the German invasion, is now in the hands of a German Prince.—*London Lancet.*

CONVALLARIA MAJALIS. THE OTHER SIDE.—Dr. B. Stiller in the *Wiener Medizinische Wochenschrift* adds his experience to the observations on convallaria majalis, which, it will be seen, is of different tenor

from that of the Russians, who introduced it, and of M. Germain-Sée, who first made it prominent.

Seventeen persons were treated by Stiller, some for relapses, making a total of twenty-one cases, fifteen of whom were males; the ages varied from eleven to seventy years, and the diseases were four cases of mitral insufficiency with aortic regurgitation, one of pure mitral regurgitation, five of regurgitant and stenotic mitral disease, four of mitral stenosis, five of weak heart with dilated left ventricle, and, lastly, two cases of Graves' disease, altogether a motley group of cardiac diseases. Out of the twenty-one cases seventeen gave absolutely negative results with convallaria; there was not the least influence on the frequency or rhythm of the heart's action. Some of these cases proving intractable to convallaria were subsequently benefited by digitalis; two individuals experienced a certain degree of the diuretic effect of the new drug without any of the other vaunted phenomena, not even the dropsy being diminished; two patients underwent decided improvement in most of the cardiac symptoms during the use of the new medicine, but these cannot outweigh the large balance of negative results.

THE DEATH LISTS OF NEW YORK AND BERLIN.—Mortality tables for 1882, received from the health authorities of Berlin by Dr. John T. Nagle, make possible a comparison between New York and Berlin in this respect. The population of both cities is nearly equal, that of New York being 1,279,560; of Berlin, 1,174,293. The total number of births in Berlin last year was 44,466; in New York only 27,321 were reported, but the real number was probably about the same as in Berlin. New York recorded 37,924 deaths, outstripping Berlin by more than seven thousand, the number recorded there being only 30,465. The infant mortality was strangely alike; of children over five years 17,520 died in New York and 17,266 in Berlin. As to the diseases that were most fatal, the following table will show some suggestive facts:

	New York.	Berlin.
Smallpox.....	259	5
Measles.....	913	144
Scarlet fever.....	2,066	604
Diphtheria.....	1,525	1,914
Croup.....	729	220
Whooping cough.....	658	292
Typhus fever.....	65	1
Typhoid fever.....	362	356
Phthisis pulmonalis.....	5,251	3,791
Pneumonia.....	3,472	1,823
Bronchitis.....	1,583	856
Diarrhoeal diseases.....	4,050	4,556

BICYCLES AND TRICYCLES.—Not many years ago the world was inclined to be a little sceptical as to the future of the bicycle. After many struggles bicycling has, however, fought its way to a front rank among the amusements of the day. Ample proof of this is furnished by the collection of bicycles and tricycles to be seen at the exhibition of the Stanley Bicycle Club, now being held at the Albert Hall. Here are “machines” of many patterns, by many makers, stands containing elaborate “fittings,” and many fashioned saddles, key-bugles, lamps, bells, and the thousand and other pretty fancies upon all of which a vast amount of ingenuity, thought, and taste have been bestowed, to supply the increasing demands of the “cyclists.” The tricycle seems to have become a formidable rival to the older machine, and the growth of its popularity since last year has been enormous. In country districts the village parson is beginning to visit his parishioners on a tricycle, the doctor follows his example, and a tricycle vote will soon figure in the post-office estimates for the convenience of rural postmen. A tricycle for Indian use, a very tempting vehicle in appearance, is exhibited. The passengers sit in front, shaded from the sun by a large awning, leaving the hard work to be performed by servants who sit behind. Indeed, there are some enthusiastic cyclists in India, though the natives are said to be under the impression that to be run over by a bicycle is a quick and painless death. There the children are equally of the same opinion, and beside these little “annoyances,” deaf dogs, aged cripples, lively pigs, blind beggars, wandering cattle, add greatly to the sport. Bells and bugles are said to be quite useless.—*Pall Mall Gazette*.

ANIMALS AS DOCTORS.—M. G. Delaunay, in a recent communication to the Biological Society, observed that medicine, as practised by animals, is thoroughly empirical, but that the same may be said of that practised by inferior human races, or, in other words, by the majority of the human species. Animals instinctively choose such food as is best suited to them. M. Delaunay maintains that the human race also shows this instinct, and blames medical men for not paying sufficient respect to the likes and dislikes of the patients, which he believes to be a guide that may be depended on. Women are more often hungry than men, and they do not like the same kinds of food; nevertheless, in asylums for aged poor, men and women are put on precisely the same regimen. Infants scarcely weaned are given a diet suitable to adults, meat and wine, which they dislike, and which

disagree with them. M. Delaunay investigated this question in the different asylums of Paris, and ascertained that children do not like meat before they are about five years of age. People who like salt, vinegar, etc., ought to be allowed to satisfy their tastes. Lorain always taught that with regard to food people's likings are the best guide. A large number of animals wash themselves and bathe, as elephants, stags, birds, and ants. M. Delaunay lays down as a general rule that there is not any species of animal which voluntarily runs the risk of inhaling emanations arising from their own excrement. If we turn our attention to the question of reproduction we shall see that all mammals suckle their young, keep them clean, wean them at the proper time, and educate them; but these maternal instincts are frequently rudimentary in women of civilized nations. In fact, man may take a lesson in hygiene from the lower animals. •Animals get rid of their parasites by using dust, mud, clay, etc. Those suffering from fever restrict their diet, keep quiet, seek darkness and airy places, drink water and sometimes even plunge into it. When a dog has lost its appetite it eats that species of grass known as dog's grass (*chiendent*), which acts as an emetic and purgative. Cats also eat grass. Sheep and cows, when ill, seek out certain herbs. When dogs are constipated they eat fatty substances, such as oil and butter, with avidity, until they are purged. The same thing is observed in horses. An animal suffering from chronic rheumatism always keeps as far as possible in the sun. The warrior ants have regularly organized ambulances. Latreille cut the antennæ of an ant and other ants came and covered the wounded part with a transparent fluid secreted from their mouths. If a chimpanzee be wounded it stops the bleeding by placing its hand on the wound or dressing it with leaves and grass. When an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth. A dog on being stung in the muzzle by a viper was observed to plunge its head repeatedly for several days into running water. This animal eventually recovered. A sporting dog was run over by a carriage. During three weeks in winter it remained lying in a brook, where its food was taken to it; the animal recovered. A terrier dog hurt its right eye; it remained lying under a counter, avoiding light and heat, although habitually it kept close to the fire. It adopted a general treatment, rest and abstinence from food. The local treatment consisted in licking the upper surface of the paw, which it applied to the wounded eye, again licking the paw when it became dry. Cats also, when hurt, treat themselves

by this simple method of continuous irrigation. M. Delaunay cites the case of a cat which remained for some time lying on the bank of a river; also that of another cat which had the singular fortitude to remain for forty-eight hours under a jet of cold water. Animals suffering from traumatic fever treat themselves by the continued application of cold water, which M. Delaunay considers to be more certain than any of the other methods. In view of these interesting facts, we are, he thinks, forced to admit that hygiene and therapeutics, as practised by animals, may, in the interests of psychology, be studied with advantage. He could go even further and say that veterinary medicine, and, perhaps, human medicine, could gather from them some useful indications, precisely because they are prompted by instincts which are efficacious in the preservation or the restoration of health.—*British Medical Journal*.

RHUS POISONING.—A strong infusion of sassafras root is recommended by Dr. Hinton as a powerful remedy for poisoning by *Rhus toxicodendron*. When it is cool, cloths are wet in it and applied frequently to the patient. A day's treatment will effect a cure usually.

MEDICAL NEWS.

BRITISH MEDICAL JOURNAL.—In the course of the fifteen years' editorship of Mr. Ernest Hart, the figures show that the receipts for membership have risen from £2000 to upward of £10,000; and the increased receipts from advertisements, although not corresponding in exact proportion to this great increase in the receipts from membership and the great increase in the circulation of the journal, nevertheless show so great an advance that the net receipts for advertisements during the last year amounts to £6000, which the journal thus adds directly to the treasury of the association.—*Louisville News*.

By the will of the late Samuel Willets, a bequest of \$50,000 each is made to the Hospital for the Relief of the Ruptured and Crippled and to the New York Infirmary for Women and Children, of both of which institutions he was president at the time of his death. He also left \$50,000 to the New York Hospital, and \$5000 each to a number of dispensaries and other medical charities.

THE DOG TONIC.—Charles Reade, the novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal, and whine.

THE CERTIFICATE OF LIFE INSUFFICIENT.—A gentleman, discovering that he has become entitled to sundry arrears of pensions, presents himself at the office to draw the money for five quarters already due.

“Where are the quarterly certificates to show that you are alive and to identify you as the person entitled to draw this money?” asks the official.

“Here it is,” says the gentleman.

“Yes, but where are the others for the previous quarters?”

REGULATION of prostitution is to be tested again in Cleveland. Weekly examination of the women in the brothels is to be practised, and women found to be diseased are to be sent to a special hospital, and their property cared for at the expense of the proprietor or owner. In most respects the system adopted there is the same which was tried in St. Louis some years ago. There will be the same opposition and the same difficulties to encounter, and in all probability the result will be a similar failure.

HOMŒOPATHY AT PLYMOUTH, ENGLAND.—At a recent meeting of the Plymouth Medical Society, the following resolution was passed: “That this Society strongly condemns the practice of meeting in consultation homœopaths or other advertising practitioners under any conditions whatever.” Notice was given for a new clause in the Society's rules affecting conduct, to be brought forward at the next quarterly meeting, to give effect to the above resolution.

THE Medical Society of Scott County, Iowa, has elected Dr. Jennie McGowen, a well-known female physician of Davenport, as its president for the ensuing year.

DR. W. E. GRIFFITHS has been appointed by Health Commissioner Raymond, of Brooklyn, Sanitary Inspector of Schools.

A COLLECTION of surgical instruments was dug up at Pompeii. It was evidently the property of some single establishment, and was quite elaborate. Of course, the “find” was removed to the Naples Museum. One of the appliances attracted great attention. It was a long rod with a metallic plate fixed at one end at an angle of 135 degrees. At first it was thought to be a cautery for internal operations, but its resemblance to the modern laryngeal mirror suggests the probability that it was so used.

EDITORIALS.

A NEW NEW YORK STATE MEDICAL SOCIETY.—The conviction that this great State must have a Medical Society, in affiliation with the American Medical Association and the best physicians of this country and Europe, is becoming more general and profound. That the merest fraction of the medical corps of this State is to dominate the entire body, to disrupt, degrade, and disgrace it, no one can believe; and physicians of the State will deserve ruin and disgrace if they passively submit to be thus outraged and trampled upon. It needs but a strong "call," and the new State Society, supported by the whole country, and all the medical press (two journals excepted), would spring into vigorous being.

LEGALIZATION OF QUACKERY.—A bill was introduced in the New York Assembly, by Mr. Quinn, which provides that the right of every citizen and of the people to employ for medical purposes the services of any individual in whom he or she may have confidence, whether such employé has or has not a medical diploma, or has or has not registered as a physician, shall not be questioned in the State of New York. No such employé shall be liable to fine or imprisonment for rendering such service, where guiltless of any false representation in connection therewith, provided that nothing in this Act shall be so construed as to exempt from liability any such employé on account of damage resulting from malpractice, misconduct, or intoxication, either at common law or in pursuance of any statutory provision of this State. History repeats itself in this as in other instances, for several years ago in New York State a medical practice act was amended so as not to apply to those who practised with roots, herbs, and barks, the product of the United States. The present bill will probably fail, but supposing it should become a law, it will place the medical profession of New York in a decidedly unpleasant position as regards the newly-legalized practitioners. Perhaps the "Hon." Mr. Quinn introduced the bill as a means of taxing the medical profession, to secure its suppression by paying election expenses. This would not be the first time such manœuvres were tried by the "Honourables" of Albany.

CHILD SUICIDES IN FRANCE.—According to official French statistics, recently published, it appears between the years 1876 and 1880 that one hundred and ninety-eight boys and forty girls below fifteen years

of age destroyed themselves. Of these two hundred were over twelve years of age; twenty-one between the ages of twelve and ten; four were ten years old; six were below nine; the youngest being only seven, making a total of two hundred and thirty-eight. The tendency to imitation is, as Scherpf (*Jahrbücher für Kinderheilkunde Band XVI.*) has shown, stronger in childhood than at any other time of life. Imperative conceptions are, as might be expected, not rare. For these reasons it is not astonishing, in a country like France, where suicide is relatively frequent, that children should so often commit suicide. Perhaps most of these suicides were simply cases of imperative conceptions. For as has been shown by Tuke (*Psychological Medicine*) child suicides are usually committed from trivial, if any, motives. The same peculiarity explains the epidemics of suicide reported by Sydenham and others, even as early as the twelfth century, which spared neither age nor sex.

LEPROSY IN THE SANDWICH ISLANDS.—According to the latest Honolulu papers, leprosy is on the increase in the Sandwich Islands. *The Hawaiian Gazette*, an old-established paper, is filled with the accounts of its rapid spread, and the inaction or mistaken action of the government in the premises. Men are beginning to fear themselves and to consider if, by any means, this horrible taint has got into their systems. *The Saturday Press* says: "There is not a district on the island that has not in some way or other conveyed its apprehensions on this score to the papers." And it adds that the government organs are trying to hide this. Leprosy may be taken by a healthy person by smoking the same pipe a leper had smoked, by wearing clothes washed by a leper, by an abrasion of the skin with a knife, scissors, or by anything handled by a leper. Yet in most of the islands lepers are found mingling with the healthy, even in Honolulu; and spasmodically does the government have them removed and segregated. Hence the rapid spread of the horrible disease. The infected are as liable to be at work on the sugar plantations and in the sugar-houses as anywhere else. In this way it is possible, even probable, that Hawaiian rice and sugar may carry the distemper wherever it goes. *The Gazette* says (Jan. 17th): "Mothers of families, householders, and a great many others are all more or less alarmed. Many a householder has of late years objected to having washing done by Hawaiians on account of the leprosy." The United States are therefore threatened with leprosy from China, the Sandwich Islands, and the Scandinavian countries, in which last it has long been endemic. It

would certainly be strange if leprosy, extinct in England since the twelfth century, should make its appearance in the United States, there to become an endemic; but if care be not taken it would appear from certain indications that such a possibility is threatened.

ABSENCE OF PERSPIRATION IN A MAN.—A man living in Bismarck, Pa., recently examined by the Philadelphia County Medical Society, was found to have neither hair nor teeth, and did not possess the sense of smell, and had no pores in his skin. The latter fact is the cause of much wonder, as it has been held that no person could live without a porous skin. He experiences great discomfort from his incapacity for perspiration, and his body grows so hot that his clothing has to be kept wet in order to mitigate his discomfort. He has always been in good health, and has a wife and eight children. None of the children partake of their father's peculiarities, except that none of them have perfect teeth. Dogs perspire through the tongue, and it has been noticed by Darwin and others (*Variation of Beasts and Animals under Domestication*) that hairless dogs have imperfect teeth and no sense of smell. The case is evidently an atavism. The absence of pores must be looked on with some suspicion, and is probably only an opinion derived from the non-appearance of perspiration.

IMPROPER DRESS.—A very remarkable trial has recently occurred at Norrisville, Kentucky. A school-teacher was charged by the females of the neighborhood with being improperly dressed during the discharge of his duties. The specifications were: that "he wore no shoes or stockings; that his pantaloons were full of holes; that he wore no coat; and that he wore but one suspender."

This may seem to be a very proper charge, but it will be found that it cannot bear examination.

If gynæcologists are to be believed (and a great many are growing very sceptical on this subject), it is but right to meet the charge of these females with the assertion that members of their own sex wear no suspender at all for the safe support of a garment not very unlike that sustained on the school-teacher with "only one suspender." And it cannot be claimed that the fall of one garment would be more disastrous than that of the other. If these very females, for the support of a garment declared by many to be not very dissimilar to the school-teacher's pantaloons, wear no suspender at all, and rashly assume all the risks of such a condition, with what justice can they summon for trial one who has, for safety and for

appearances, done far more than they have ever done, and far more than many of his own sex ever do? It is manifest that if such a charge must ever be made in open court, it cannot, with any claim of justice or equity, come from those who are more guilty themselves.

It may, moreover, be claimed that the use of "suspenders" is to suspend something, and if that something is safely suspended by one suspender, why should any one go to the trouble and expense of employing two? But, as was very well known to these females, a very large proportion of men, and all women, wear no suspenders at all. And if these are to go unpunished and without challenge, what is the equity of trying a distinguished and useful citizen, who has, in his efforts at propriety and to prevent any untoward accidents, used the most ample precautions—precautions so rashly neglected by his fair accusers, and by the great proportion of his own sex? The charge is unjustifiable, as all will admit.

As to going without stockings and shoes, have not the greatest philosophers and teachers of the world thus presented themselves in public? Did Aristotle, or Plato, or Socrates, or Cicero, or Demosthenes ever wear shoes and stockings? Does not every physician who reads this know that even Hippocrates, "the greatest of teachers," went into the class-room at Cos without shoes or stockings? Did one of the greatest of all nations, the Scotch, in its palmy days wear shoes and stockings? Was there ever, until recently, a Scotch teacher arrayed in such toggery? And if it be right for all of one nation to so costume for didactic effort, shall one of "this great and independent nation" be tried for doing the same? Besides, it may safely be said that no teacher of the higher organization and tender nature will uselessly mortify any of those intrusted to his care. Now in that particular neighborhood of Kentucky, a retired and primitive locality manifestly, it is safe to assume that not one but many of the school-boys were without shoes or stockings, and one may go so far as to affirm that some even of the gentler sex in that historic school-room were "most adorned" by being unadorned with these masks of natural development and beauty. Should a teacher of the young "of a great and glorious nation" so deport himself, so shame himself, as to make his class, or any portion of it, mortified and humiliated? No one could be so unkind as to say that a teacher should do so. Nay, the more generous would even say that any teacher in such a neighborhood, who should be so unkind as to wear shoes and stockings before his class, and therefore mortify them, should be punished. Assuming, however, what is really rash assumption, that

all of these scholars wore shoes and stockings, cannot one pardon the enthusiasm of a teacher who, in teaching the classics, was so imbued with the grand ideal of the great heroes whose virtues he daily described as to admire their classic costume, and to adopt it as a model? Surely one should admire rather than condemn this practical hero-worship on the part of this distinguished Kentucky teacher. Besides, the wearing of shoes and stockings is, after all, a mere matter of fashion, and if a man prefers the ancient or classic fashion to the fashion of the present day, shall he not, as an independent citizen, have the right of choice? Who, for his thus choosing, would punish him?

As to the want of integrity in his pantaloons, it must be frankly confessed that such a condition is not to be admired. But if all of the representatives of it are to be tried and punished, how many teachers would escape? One cannot, of course, go to ancient history to show how many of the great have thus offended, but if one comes to modern times, to even the present time, what would be the result if every teacher were punished whose pantaloons could not safely bear inspection? Is it not unfair to punish one publicly and allow the grand army to escape? Besides, no one can say positively that the boys in that school were not equally erring on the pantaloon question, and that this kind and generous Kentucky teacher was unwilling, by contrast, to mortify and humiliate them. It is not certain that this was the teacher's reason for his unfashionable appearance, and if there be any doubt in the case, the accused is certainly and even legally entitled to it.

As to punishing a Kentuckian for not wearing a coat, the very idea is preposterous; such a course would be equivalent, in certain seasons, to incarcerating the greatest men of the state. Did not Clay, and Marshall, and Crittenden, and a host of Kentucky orators achieve their greatest triumphs in such array? Why, if all the great political leaders in Kentucky found without their coats were to be incarcerated, that great State would be without representation in both State and Federal legislation! And what is true of Kentucky, is it not true of a great proportion of the great States? To punish every man for being without his coat in Kentucky would be the jest of the century.

It is manifest that these Kentucky females are not yet entitled to the jury franchise of American citizens, for, if they were, what would become of the great men of the nation?

If all of the medical teachers who "wore only one suspender," or none at all, or who went into the class-room with the pantaloons temporarily unequal to

inspection, were, like this Kentucky teacher, to be tried and dismissed, what would become of the medical colleges? Would this be a good or fair way to reduce the number? Kentucky ladies have taken this position. A word, therefore, to the wise, especially to those who appear before female students on the benches:

The subject of dress has always been, and always will be, one of great importance and interest to the physician, and if women are to have men punished for not coming up to their standard of male attire, the fact ought to be thoroughly known. It may safely be said that physicians will, more strenuously than ever, oppose the woman's rights movement, if, as seems evident in a great State, every man is to be publicly punished because he claims the right of using "only one suspender," and of having his pantaloons mended as often as he pleases. Hygienic matters in dress, and particularly free ventilation of garments, are great problems to the profession, and when any public movement is made to interfere with their domestic and personal solution, it is only proper that the facts should be made known to them through their own journals, as promptly and as frankly as possible.

Finally, this journal claims, on the part of the profession, that a teacher without his shoes and stockings represents the highest classical model known to history; that the degree of ventilation in his clothing is a physiological and not a social question; and that the number of suspenders worn during the discharge of official duty does not interfere in any known way with the sufficient imparting of the most thorough and careful instruction.

MALARIA.—Dr. Elliot, of New Haven, says that when a diagnosis is uncertain, few physicians hesitate to tell a man that he has malaria. Again: "Medical men are almost superstitious in regard to the invisible spectre, malaria. One hardly dares to treat an obscure case without working in a good dose of quinia during the first day or two."

WINE ADULTERATIONS.—Bordeaux red is a new coloring matter for wine. It appears to be a naphthaline dye. Its presence in wine can be very easily detected. Silk is turned by it to a granite red and the addition of a little ammonia makes the doctored wine brown.

CRIMINAL CARELESSNESS.—While suffering from scarlet fever, a thirteen-year-old girl was taken in a horse-car to the Flatbush Avenue station, Brooklyn, and from thence by the steam-cars to Richmond Hill,

near Jamaica. It is not known how many persons were exposed to contagion by coming in contact with the sick girl. Health Commissioner Raymond has ordered the prosecution of all those responsible for the girl's removal.

INCREASE OF POPULATION. Sir J. T. W. Herschel says: "For the benefit of those who discuss the subjects of population, war, pestilence, famine, etc., it may be as well to mention that the number of human beings living at the end of the hundredth generation commencing from a single pair, doubling at each generation, (say in thirty years, and allowing for each man, woman, and child, an average space of 4 feet in height and 1 foot square, would form a vertical column having for its base the whole surface of the earth and sea spread out in a plane, and for its height 3674 times the sun's distance from the earth. The number of human strata thus piled one on the other would amount to 460,790,000,000,000."

ACCORDING to the *Sanitary Review* the causes of the high mortality in Memphis have been shown by Dr. Thornton to be connected chiefly with the negro population.

DR. ALICÉ F. FREEMAN, of Wellesley College, says that the cause of the breaking down of the girls in institutions of learning is the lack of proper physical care before entering. Experience shows that in the boarding-schools where exercise is compulsory, the students improve in health, but college is not a place for invalids, and those with weak constitutions and nervous prostration are likely to become ill. Girls have not as vigorous a physique as boys, but they are capable of greater endurance, and with proper care can sustain as thorough a course of mental training with benefit rather than detriment to their health.

DR. KOLBE claims that an atmosphere of carbonic acid gas will preserve beef sound and of good flavor for some weeks, but mutton treated in the same way turns offensive in the short space of eight days.

PATENT MEDICINES IN ITALY.—By a law which has just come into operation in Italy, the sale of patent medicines throughout the kingdom is prohibited, unless the precise composition of the medicine is stated on the bottles or packages of the same sold at retail. One well-known chemist in Rome has at the present moment nearly \$500 worth of patent medicines lying at the Dogana, and likely to have to remain there, or to be sent back to England undelivered. For the future, travellers will have to smuggle their favorite drugs into Italy.

"**FOLIE SIMULTANÉE.**"—Cases of this kind have just been reported from Toronto, Canada, a lady insane for years had been treated at home, her three daughters being her nurses. These last have become insane simultaneously. The mother's mother and brother had died insane.

THE DEATH OF MRS. J. L. CARTER.—The Dallas, (Texas) papers contain obituary notices of the death of the accomplished and beloved wife of Dr. J. L. Carter of that city.

THE *American Medical Association Journal* will, it is said, be published at Chicago, and Dr. N. S. Davis will be the editor.

THE *American Journal of Otology* has been discontinued.

GRAVE-ROBBING IN A NEW LIGHT.—A search-warrant was sworn out February 17th, 1883, by Dr. C. C. Arms, demonstrator in anatomy of Wooster Medical College, against the Homœopathic College of Western Reserve College, on the charge of having stolen from a grave the body of a pauper which had been formally presented to Arms by the infirmary authorities under the State law. The body was taken away from the grave by daylight.

OUTWITTING AN ATTEMPT TO EVADE A FEE.—The late Dr. W. Gibson told the following story in regard to luxation of the jaw: "An old, wealthy man came into the office of a surgeon with a luxation of the jaw to have it reduced. This was done, but on being asked the fee, the doctor mentioned an amount which the man insisted on having reduced one half. The surgeon said no more about the fee, but began to talk and told a laughable story. The man laughed heartily, and out went the jaw. He made signs to have it reduced, but the doctor said, 'When you pay down my fee I will put in your jaw.'"

THE Children's Hospital founded in Omaha, Neb., a little over a year ago has been doing good work. It is now proposed to erect an edifice costing \$8000. Mrs. Bishop Clarkson, who is at the head of the institution, has received an offer of \$5000 from a lady in New York for this purpose.

CAUSE AND EFFECT.—"Alcohol," said the professor, "has killed more people than yellow fever."

"That is true," said the somewhat bibulous student; "but that is only because more have taken it."

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ORIGINAL ABSTRACTS.

TUBERCULOSIS AND CONTAGION.—Dr. Wm. Belfield, in the third of the Cartwright lectures of 1882, says that years ago it was suspected that tuberculosis was contagious and infectious, and this led etiologists to investigate the matter carefully. The suspicion grew out of the fact that non-tuberculous human beings showed the presence of the disease in their systems after intimate association with persons previously affected by it, and that animals not predisposed naturally succumbed to it in captivity. Investigation led to the theory that the cause of the disease was often communicated to healthy animals by unhealthy ones with which they were confined, or from their places of confinement being those in which tuberculous animals had died. Further investigation discovered that inoculation with the tuberculous sputum resulted in tuberculosis in most of the animals inoculated. Some would, however, resist the poisonous matter, and the inference from this was that there must be a predisposition resulting from various extraneous circumstances. Rabbits and guinea pigs were found to be more easily affected than dogs or cats. Rabbits confined in a narrow space and compelled from time to time to breathe the air expired by tuberculous human beings, soon succumbed, showing unmistakable evidences of pulmonary tuberculosis. Other rabbits allowed to breathe the same air filtered through carbolated tow, did not die of tuberculosis. It was decided years ago that tuberculosis was infectious, but it remained for Dr. Koch, of Germany, to discover the infective agent. He noticed the presence of bacilli in the saliva of consumptive persons, but did not hasten to announce to the world that he had discovered the active agent in the causation of the disease. On the contrary, he quietly and ceaselessly watched the growth of the bacilli. With the eighth generation of the bacilli with which he began his observations he inoculated animals, and the result was the produc-

tion of tuberculosis in them. Having verified his work he announced its method and results at an ordinary meeting of the Berlin Academy of Sciences. In the opinion of Dr. Belfield the experiments of Dr. Koch were conclusive.

UNFERMENTABLE POTATO SUGAR.—Against Schmitz and Nessler, Merling (*Chemical News*) maintains that there is nothing in unfermentable potato sugar which produces ill effects upon animals. He says the alleged obnoxious matter has a food value.

GELATINE IN BEER.—What amount of gelatine (*Chemical News*) ought to be, or rather is, naturally present in beer, has been the subject of much discussion. Some have held that the percentage is very high; others that it is exceedingly low. M. C. Amther, from a series of careful tests, believes that the natural maximum is not over three tenths of one per cent.

FUSEL OIL IN ALCOHOL.—To detect fusel oil in alcohol which is fairly strong, Dr. Hager dilutes the liquid with an equal amount of water, then adds glycerine and evaporates the whole upon filter paper. When the alcohol escapes the odor of the fusel oil may be very easily perceived.

INEBRIETY.—Verga, Milan (*Archivio Italiano per au Malattu Nervoso*), finds, he claims, that men or women given to intoxication are seldom given to kleptomania or suicide. A woman is less apt to take to liquor than a man, but when she does she can hardly be reclaimed. She becomes shameless and abominable, but seldom dangerous. Cold weather seems to cause men to take to strong drink, and mild weather has the same influence upon women. These statements are, perhaps, a little too positive. They do not include, of course, alcoholic mental affections.

MENTAL STRAIN IN CHILDREN.—Dr. Tuke (*Edinburgh Medical Journal*), in a lecture delivered be-

fore the Edinburgh Health Society, remarked that one of the great causes of over-strain in early youth was the vicious system of competitive examinations. It deflected the mind of the child from the proper object of education, and too frequently left the physical, as well as the mental, constitution a wreck. This state of things cannot be too strongly insisted on, as it is entirely ignored by the majority of teachers.

PARTNERSHIP WITH GOD AND SANITY.—The *Revue Scientifique* has resurrected the following case. Some years ago a man died at Neufchatel whom everybody supposed to be perfectly sane, but among whose papers was found a document—nothing less than a regularly drawn up partnership contract between himself and God. Isaac Vigneaux imagined that God was his partner in the liquor business. The Almighty was to give His blessing in lieu of capital, and His share of the profits was to be given to the poor. Isaac prospered, at all events; and every year regularly distributed 7323 francs, 35 centimes to the poor of the city. The truth about this case is, that the man was a devout individual, who had the highest respect for business forms, and made a covenant with the Deity in this manner. As Dr. Ray says (*Mental Pathology*), the procedure, other than its name, was a measure adopted by very religious people of unquestionable sanity. A partnership was the man's idea of the proper method of doing business. He did not *imagine* God was partner with him other than in the sense He was partner with every Christian who covenanted with Him; but this idea of partnership was Mr. Vigneaux's way of expressing intimate relationship. It was, as Ray says, only an eccentricity in the true sense of that term; doing a very proper thing in an unusual manner. Ray cites another case in which a similar document was found among the papers of a notary.

NERVE-STRETCHING AND TEMPERATURE.—Dr. Re-dard (*Progrès Médical*, February 3d, 1883) has shown by aid of the thermo-electric calorimeter that stretching of a sciatic nerve of one side lowers very markedly the temperature of that side, and this to a marked degree which usually lasts for months. The unstretched side has its temperature lowered but very slightly, and for a very brief period, all of which tends to show that influence of nerve stretching extends to the central nervous system.

TYPHOID FEVER AND THE SOLAR PLEXUS.—Dr. Leven (*Progrès Médical*, February 3d, 1883) says that the clinicians who speak of abdominal symptoms in typhoid fever have deceived themselves. As a rule,

these symptoms do not exist, and if they make their appearance they are due to irritation of the solar plexus by purgatives. The influence of such irritation is easily shown. It suffices to press on the median region of the stomach, and the nervous ganglia of the great sympathetic placed on a line with the navel about two inches around will give evidence of pain. Pain on palpation of the iliac fossa has also been erroneously spoken of. Most frequently it is only hyperæsthesia of the abdominal parietes, resulting from irritation of the right sympathetic ganglion. These phenomena furnish one of the numerous contra-indications of purgatives in typhoid fever.

GOLD BROMIDE IN EPILEPSY.—Gold Bromide has been used in epilepsy during the past year by Dr. Bourneville (*Progrès Médical*, February 3d, 1883). He began with a very feeble dose, one sixty fourth of a grain, and increased until the patient was taking one sixth of a grain a day. The physiological effects of the drug were not observed, and the therapeutical effect was not at all marked, the drug appearing to exercise a very minimal effect on epilepsy.

DR. H. GRADLE (*Medical News*) goes so far as to claim that: Every case of pulmonary tuberculosis can be diagnosticated by means of microscopical examination of the sputum, even before the clinical examination reveals it with certainty; and that when repeated proper examination of the sputum fails to show the bacillus tuberculosis, pulmonary tuberculosis does not exist.

ETHYL ALCOHOL AND ABSINTHE.—The effects of these two substances upon the motor functions of the brain have been recently studied by Dr. Danillo (*Archives de Neurologie*). No essential difference of influence was traced between the action of ethyl alcohol in strong doses and that of other anæsthetics and narcotics, as ether, chloral, morphine, etc. When the absinthe essence was administered there was: First: A tonic effect. Second: A chronic display, when violent spasms alternated with great relaxation. Third: Choreiform symptoms of a peculiarly distressing nature. Fourth: A delirium stage. Fifth: A period of resolution. Generally speaking the poisoning by absinthe is like that produced by strychnine except as to the existence of delirium.

FŒTAL ENVELOPES OF BATS.—Dr. A. Robin (*The Critic*) has found that in the ordinary bats, the foetal envelopes are similar to those of the primates (man and the monkeys), but in the leaf-nosed bats they resemble those of rodents.

MANGANESE IN AMENORRHŒA.—Drs. Ringer and Murrell (*Lancet*, January 6th, 1883) claim excellent results from manganese in amenorrhœa. The commencing dose is a grain three times daily, gradually increased to two grains of the permanganate of potash given in pill form. The permanganate will not induce abortion. Symptoms of gastralgia are at times observed. The influence is equally marked in anæmic and plethoric cases.

ATROPINE IN EPILEPSY.—Dr. James Russell (*Practitioner*, February, 1883) found that the general result of the administration of atropine was unfavorable. The effects observed were that: First, there was a very decided diminution of fits during the forty-seven days of administration, as compared with other days. But delirium and increase of the fits ended the period. Second, no fit during three months, but at the end, mental excitement and delirium. Third, six months atropine treatment effected diminution of very frequent fits, but mania set in and the fits increased to one hundred per week. Fourth, severe fits were suspended during fifteen days, but then returned. Fifth, during four months the fits increased from four daily to twelve. Sixth, twenty-one fits occurred during twenty days of atropine treatment, twelve in a single day.

OPIUM AND MORPHIA IN EPILEPSY.—Dr. James Russell (*Practitioner*, February, 1883.) found that opium or morphia was of benefit in the nocturnal manifestations of epilepsy, such as fright, wakefulness, etc. In six cases the effect was marked. Morphia at bed time given for nine months effected decided improvement. Small doses of laudanum in other cases diminished the fits and symptoms, but at the end of four months these returned with increased frequency. Similar results were obtained with cannabis Indica.

HOT WATER IN EPISTAXIS.—Dr. Auquier (*Gazette Hebdomadaire de Montpellier*, November 4th, 1882), reports the case of a young man, subject to epistaxis from infancy, who was taken with an attack lasting three hours, when the doctor saw him. The usual remedies were tried without effect. Dr. Auquier irrigated the nose with very hot water with success. During the next night the friends of the patient stopped an attack at its outset by the same procedure. The hot water acted, in Dr. Auquier's opinion, by producing reflex contraction of the vessels, not by depleting the superficial vessels as has been supposed to occur from the use of hot water in the treatment of uterine hemorrhage.

LICHEN RUBER.—Dr. P. G. Unna, Hamburg (*Monschrift für praktische Dermatologie*) has cured thirteen cases of *lichen ruber exudations* by the use of the following ointment; no internal treatment: Ung. zinci. benzoat. twenty-five parts. Acid carbolic one part, B. mercury, bichloride one fortieth of a part. It may be necessary to double the proportion of the bichloride.

CROUPOUS PNEUMONIA BACILLI.—Griffini and Cambria (*Centralblatt für Klinische Medicine*, No. 25, 1882) conclude that there is in the blood and sputa of pneumonic patients a bacillus distinct from Kleb's monadine. Pneumonic sputa free from saliva hypodermically injected or placed in contact with the trachea of dogs and rabbits produces a fatal septicæmia. Inoculation with the blood of this septicæmia causes death. Senator has found that fresh bronchial mucus has a similar effect. Pneumonic saliva kills rabbits rapidly, but only produces a local abscess in dogs. Defebriated pneumonic blood thrown into the peritoneum or trachea of dogs or rabbits causes fever, not pneumonia. The bacillus of the pneumonic blood and sputa was found always in the blood of the inoculated animals, although pneumonia had not resulted, whence Drs. Griffini and Cambria regard the bacillus as an epiphenomenon only, and come to the conclusion that pneumonia is not an infectious disease.

PHTHISICAL VOMITING.—Dr. Woillez (*Journal de Thérapeutique*, October 28th, 1882) has found that painting the pharynx with potassium bromide is of great value in the vomiting of phthisis. A charpie pencil dipped in a one to two aqueous solution of bromide is passed rapidly into the pharynx, the patient being required to abstain from expectoration as long afterward as possible. The painting is always done before any food is taken.

ORIGINAL ARTICLES.

MERCURY. ITS CHEMISTRY AND THERAPEUTICS.*
By S. V. CLEVINGER, M.D., Chicago, Ill.

The present status of mercury in therapeutics is, according to Bache,† to be stated as follows: "Of the *modus operandi* of mercury we know nothing, except that it probably acts through the medium of the circulation, and that it possesses a peculiar alter-

* A revision, with additions of researches, previously published during 1880-'82.

† United States Dispensatory, p. 482.

ative power over the vital functions, which enables it in many cases to subvert diseased actions."

The prevalent medical opinion on the subject is that some unknown compound is formed by the metal and its salts in the system. Mailhe claimed that the bichloride was formed in the stomach, but failed to establish his theory. Maisch, Bucheim, Oetingen, Winkler and Jeannel dissent from Mailhe's view. Jeannel suggests the probable formation of the black oxide in the alimentary canal. Maisch denies that this takes place, or that the black oxide occurs in old pill masses. Sée argued in favor of an albuminate of mercury as the active agent elaborated in the body. Odling thinks mercury acts as a red blood globule carrying oxygen to tissues. Had any one of these views been established, the mystery would have been no nearer solution. Investigators seem to have been lured away from evident and fundamental principles in imagining no connection between the easily-discernible physical properties of mercury and its therapeutical effects, assigning the drug occult, catalytic properties.

Physiologists do not disregard the mechanical properties of water, yet mercury has never been considered from this standpoint. Both water and mercury are fluid at common temperatures, both vaporize at all temperatures; both change their specific gravities in passing from solid to fluid and thence to vapor; both maintain extreme division of their particles under certain circumstances, and by loss of heat or under compression cohere in drops and fall. The great difference is that mercury is fourteen times heavier than water and has a different solidifying point.

No one disputes the fact that blue mass contains minutely divided mercury, but nowhere have I found any opinion as to the probability that the *mercury alone* thus given produced its well-known effects. Histological tissues and a finely divided metal have not been considered as amenable to mechanical principles. Both being microscopic are at once relegated to mysterious modes of working, though a billionth of an inch is as much an entity as a billion miles. When the metal, in an undivided or uncombined state, is administered, it rapidly passes through the intestines, without any apparent effect. The cohesive properties of its component particles resist separation. The metal must be well triturated with an excipient to reduce it to globules; shaken up in water a temporary, uneven but pretty fine division may be made, but the water opposing only very temporary resistance to the metallic confluence.

Honey, fats, oils, confections, etc., when mixed with the fine globules, tend to keep the particles

apart. Albumen and glycerine effect a separation better than many substances.

Finely divided, mercury presents a grayish appearance, passing into black as the division is made extreme, this condition favoring the reverberations of light from particle to particle until no rays are reflected to the eye. The microscope shows that no change from the metallic state has occurred in reducing the metal to this form. To count the globules in a gram (15.4 gr.) of blue mass I spread it mixed with water over a square decimeter of surface and found an average of 2000 visible under a very low magnifying power in an area of a square centimeter, which would make 200,000 of these globules in a gram (15.4 grs.) But under an objective magnifying seventy diameters, more than ten times as many became apparent. Dr. Lester Curtis estimated the size of these globules at from $\frac{1}{6000}$ of an inch to sizes almost immeasurably smaller. In a gram of pill mass there is one third of a gram of mercury, which would cubically measure $\frac{1}{40}$ of a cubic centimeter. Taking .01 millimeter (Kolliker) as the average diameter of the capillaries, the division of this mass into twenty-five million globules would suffice to reduce all the mercury to capillary sizes. But all are not so reduced, though many are divided up very much smaller. Carpenter* asserts that metallic mercury, finely divided, can be absorbed by the blood-vessels from the alimentary canal.

If these minute globules drop unchanged into the glandular tubules and force their way to the blind extremities, the expulsion of less heavy contents from these tubules would occur necessarily without reference to whether such contents were morbid or normal. In this manner a deobstruent action is obtained by as simple and effectual means as by cannon balls dropped into a large pipe. Peristalsis would assist in passing the same globules onward to other secreting and excreting surfaces, and a few globules of the proper size would thus change the conditions of a large area of minute tubules. After passing the pylorus the simple follicles and duodenal glands are affected as were the gastric tubules, and by thus cleansing glandular structure restore normal secretion, or, in some cases, induce hypersecretion. The intestinal villi and lacteals pass the metal into the circulation, while the portal vein carries most of it direct to the hepatic parenchyma. Somewhat as the direct aortic connections with the carotid render embolismus most frequent in the left middle cerebral artery, the peculiar relationship of the inferior dental arteries with the external carotids, facilitates

* Physiology, p. 138.

mercury accumulation in the cancellated tissue of the inferior maxillary bone with resulting tenderness and sponginess of gums. The minute globules find easier ingress to, than egress from, the dependent portion of the lower jaw-bone, where they accumulate to exert a slow but sure disturbing effect upon the gums and incisors, and finally the molars. The irritation of the globules upon the peripheral nerves of the salivary glands, together with the deterrent influence of the metal itself, already mentioned, accounts for the activity of the sub-linguals, sub-maxillary and parotid glands in ptyalism. The question arises, why catharsis does not continue during ptyalism if all glandular structures are affected; the liver being caused to secrete more bile as the maxillary glands are stimulated to salivary excretion? In the first place, the innervation of all glandular structures is not alike, hence they are not comparable in their actions, next ptyalism succeeding catharsis shows that while the liver and intestines evince the first effects of mercurial ingestion, the superior glands are reached later through the circulation. From this it may be reasoned that mercury inunctions impress the general system rather than the liver or alimentary canal, and this has been proven clinically.

Maisch and Stillé say that congestion of the liver, attended with enlargement of the spleen is followed by excessive salivation and even gangrene. The hepatic channels being closed in such cases, remoter glands would inevitably receive the greater portion of the metal.

Mercurials load the circulation and emunctories with effete matter because of their deobstruent effects and ability to insinuate their particles among all tissues, separating the morbid or ulcerated portions from the healthy, by the great and universal law of heavy bodies acting in the line of "least resistance." If the bile is improperly diverted or suppressed, it restores it, by opening the channels through which it normally flows; if superabundant from organic obstruction it would regulate its quantity in the same way by affording exit for morbid causes. Its aplastic action is due to the capillary and lymphatic cleansing it produces; the million minute globules pushing open circulatory channels and preventing accumulation, as well as affording means for absorption. Provisional callus and wound healing is interfered with by globules breaking up new tissue and interfering with its formation as would any foreign substance. Mercury has been distilled over in considerable quantities from the bones of those who have died from mercurial cachexia, the little particles finding stopping places in the cancellated tissue removed from more active circulatory influences, and, in ex-

cess, doubtless dissecting away the periosteum, filling the lacunæ and canaliculi, thus producing caries.

Eld, Buchner, Cantu, Jourda, Andouard, Fourcroy, Gmelin, Byanon, Mayençon, Bergeret, Sakowsky, Osterlin and Heller have found mercury, regardless of the form given, in the blood, urine, serum and pus of ulcers, in the saliva, fæces, seminal fluid and aborted fœtuses of salivated women in every conceivable secretion and every tissue. Naunyn* says: "It has been proved by good observers that mercury is of relatively frequent occurrence in the bones in quantities readily discernible to the naked eye. Years after mercurial treatment, I have found it in biliary calculi. . . If an albuminate be formed it must be again decomposed, for elimination of mercury sometimes occurs in non-albuminous urine, while albuminous urine sometimes contains free mercury. Mercury is also eliminated by the bile, saliva and sweat. In the finest globules, it is to be found in the bile, urine and fæces after inunction."

Taylor† recovered globules from the brain and liver which averaged $\frac{1}{2600}$ of an inch, while those recovered from the kidneys were still larger. Very often the word mercury is used in a loose way by authors to include the salts as well. In these cases the usual chemical tests were evidently applied for the base, and the radical was undetermined. The microscope would have been effective enough for the discovery of the metal, but nowhere does any use appear to have been made of this instrument in these investigations. Bowman says: "When the presence of mercury is suspected in the viscera or other tissues of the body, the part intended for examination should be first cut into thin slices and then heated with hydrochloric acid and chlorate of potash, by which means any mercury that may be present will be converted into the bichloride, and thus brought into a state of solution." This method will detect mercury, but not the elements with which it has been combined. The microscope should first be used. Brande and Taylor‡ say: "Globules of the $\frac{1}{8000}$ part of an inch in diameter may be easily recognized by the aid of a microscope. Their perfect sphericity, their silvery whiteness by reflected and complete opacity by transmitted light at once identify them as metallic mercury."

The occasional tonic influence of the metal would follow wherever glandular obstruction was superinducing diminution of the red blood corpuscles, as insomnia may be overcome by bromides removing the cause, while no one assigns the bromides a place

* Zeimmssen's Cyclopædia, p. 615.

† On Poisons, p. 389.

‡ p. 49.

among hypnotics. Mercury is not a tonic ; but as it increases secretion, removes obstructions and sets the corpuscular manufactories in order, as it does the biliary, it induces tonicity, as the bromides induce sleep.

But mercury also causes anæmia, which might be expected from persistence in its use, when occlusive powers, in closing the minute passages and tubular structures which, in medicinal quantities, removed pre-existing obstructions are remembered.

Mercury in large doses diminishes red blood corpuscles, produces anæmia, emaciation, ulceration, febrile symptoms, with a peculiar "jerking, thready" pulse. Obviously a salutary effect is, upon the glandular system, wrought by small doses, becomes pernicious by over doses, and hæmatisis is seriously disturbed by vascular stasis induced by mercurial plugging of the arterioles and venioles. Any irritation causing hepatic and splenic function, perversion is certainly followed by hæmic degeneration, and the pulse characterizing hydrargyria is, in my opinion, due to the irregular but frequent propulsion of blood by *vis a tergo* clearing of the lesser vessels where the metallic globules had for a while backed up the current till forcibly overcome.

This leads to the consideration of the nervous phenomena among its toxic effects.

Mercury produces ulceration, neuralgia, paralysis agitans, epilepsy, often melancholia, all of which can be produced by thrombus, embolus, passive or active cerebral or spinal congestion, or resultant anæmia directly brought in the way mentioned.

Take any treatise on nervous diseases, and wherever the words clot, thrombus and embolus occur, substitute mercurial accumulation, and the cause, in my opinion, is fully explained. Accumulation in the terminal twigs of the cerebral cortical arteries would induce paralysis, paresis, softenings, tremors, hemiplegia, amblyopia, etc., according to location, and whether the basilar or carotid supply contained the larger quantity of mercury. Should the middle cerebral artery be the meeting place of the molecules, according to subsequent arrival of the metal thence, aphasia, hemiplegia, or anæsthesia supervene, singly or together, depending upon whether the gyrus operculum, insula, optic thalamus, corpus striatum, crus or internal capsule had become congested or deprived of blood by this interference.

Bumstead * relates a case of epilepsy as due to syphilis neuroses, which can be better accounted for as mercurialization. The patient had been subjected to a long course of mercury, and manifested neuro-

psychoses, quite compatible with the supposition that the mercury was their cause. Bumstead gave more mercury with iodide of potassium, and was gratified with immediate benefit. The iodide alone would have been the better remedy, as iodine unites directly with mercury to form mercurous iodide. That mercuric iodide is not formed, is evident, from absence of the physiological effects of this active compound. The less soluble mercurous iodide is carried back into the circulation from the bony or vascular recesses in which the iodine united with the mercury, and decomposing, leaves the mercury to reproduce the same phenomena as when first ingested, with the advantage that the excretory channels have a better chance to eliminate the mercury while circulating than when lying dormant in inaccessible places. This explains why the iodides re-salivate the mercurialized.

Finding metallic mercury "in every conceivable tissue and fluid of the body" warrants the supposition that diabetes, vomiting, gastric and pulmonary irritation following hydrargic exhibition are owing to nerve-centre irritation, mechanical and direct, in the floor of the fourth ventricle, or to interference with its blood supply. At this stage an augmentation of the salivary flow by irritation of the chorda tympani nerve might also be expected, and this may be among the initiatory sialogogic causes. This irritation is exerted upon the nerve-centres by the heavy globules of the metal, exactly as serous or purulent accumulations are mechanically productive of nervous and mental derangements, or that mercurial interference with the circulation thereabouts would be followed by such neuroses.

The elimination of mercury from the system seems to be principally through the kidneys ; but gold rings, brooches, necklaces, in contact with the person, will become covered with mercury films during a course of hydrargyric treatment. Consistently with its vaporizable tendency increasing with heat elevation, warm baths help its passage through the sudoriparous channels, and it is well known that nearer the tropics greater immunity is enjoyed from the effects of large doses. Indeed, the therapeutical dose could be regulated by geographic isothermal lines. The Hot Springs, Arkansas, physicians attribute much of the success in specific ailment treatment there to the climate, which admits of larger doses of the drug. Now, if we take into account the climate and abundance of hot water in that locality, and reasoning that elimination of both mercurials and the specific poison, the evolution of which they assist, is thus greatly facilitated, we have a key to many of the cures effected there, and

* Venereal Diseases.

also to the reappearance of the disorder among those apparently cured who return north, where climatic influences and failure to keep up the hygienic routine, so convenient at the Hot Springs, had closed the excretory passages upon abated, but still existing, disease.

As to the so-called "specific" reputation of mercury in syphilis treatment, and its *modus operandi*, I will not enlarge upon probabilities until syphilitic pathology is better understood. As the virus has a tendency to centralize upon and destroy certain areas, it seems likely that the metal may, by attacking such weakened points, not only break them down, but prevent the static degeneration necessary for ulcerative processes. This, with the antagonism the metal has for occlusion anywhere except what it induces itself in great doses, suffices as a tentative view until the cause of the disease and its cure can be demonstrated.

Syphilis may not manifest itself if sufficient globules are chasing it from forming nuclei; but where the fluids of the body are saturated with syphilitic points enough to produce tertiary symptoms, how futile must be any attempt to restore health by any doses of mercury. The disease itself is depleting the system at this stage, and mercury but adds to the trouble, having more carious and degenerated spots upon which to work. At this period both syphilis and mercury will fraternize against the body as against a common enemy. Tonics might arrest the cachexia so induced, and in addition the iodides known to act both upon this disease and mercury should be given.

The article on the toxic effects of mercury in Ziemmsen's *Cyclopedia* contains several mistakes as to the chemical and therapeutical properties of the metal, among which are noticeable the statement that hydrochloric acid acts upon mercury, and that calomel always salivates young children.

"Fürbringer, of Jena,* has made a large number of hypodermic injections of metallic mercury, and states that at the time of the injection they are well borne, but within twenty-four hours inflammatory symptoms set in and frequently result in abscess. If mercury be simply injected and not divided by subsequent rubbing, it cannot be found in the urine, but has been obtained as unreduced metal from under the skin at the end of a year and a half. However administered, a slow improvement of the syphilitic symptoms takes place. Metallic mercury is best borne when given in emulsion (Hg. 2.00 Mucilage of Acacia and Glycerine āā 10.00);

one or two injections per week should be made. Fürbringer* believes that the treatment of syphilis by mercurial emulsion injections should be reserved for cases in which inunctions and internal treatment fail, or in which it is not advisable to make frequent injections." I do not believe this method has a particle of advantage over mercurial inunctions well rubbed in. It is cited merely to show the identity of the results of mercurialization, however administered, and the fact that the mercury was not changed after a year and a half contact with subcutaneous tissue. The reason it was not fully absorbed was that division had not been effected between the particles of the mass.

Dr. F. N. Otis † assumes syphilitic inoculation to consist of contact of a degenerate amœboid corpuscle, or disease germ, with the healthy human white blood corpuscle. The lymph spaces and channels convey this poison, multiplied in its course, to the general blood current. He cites Bäumlér, ‡ as virtually supporting the view that the characteristic feature of the active syphilitic cell is the possession of ability to set up in other cells through contact the same disposition to rapid proliferation. These cells *obstruct* tissues and undergo degeneration and elimination. Dr. Otis demonstrates that the syphilitic tubercle in common with all syphilitic sequelæ is *a deposit of arrested normal material*. He agrees with Bäumlér and Wagner, that "the favorite seats of these accumulations are in the subcutaneous cellular tissue, the skin, in and upon the bones, the liver, the testicles, brain, kidneys, and, especially in children, in the lungs. They occur as infiltrations of microscopic size scattered through the parenchyma of an organ." The causes of the accumulations, Otis claims, are the "*interferences with the lymphatic circulation*, the natural channels through which, according to Rindfleisch, the nutritive material exuded into the tissues in excess of the necessities of growth and repair is returned to the general circulation. *Luxurious new formations, catarrhs and secretions of all kinds, must be produced when the lymph conveyance is hindered.*" Rindfleisch says: "We will find this position in pathology very frequently confirmed." Dr. Otis emphasizes this matter of "*obstruction of lymphatic vessels*," and "*hindrances to the lymph conveyance*," throughout his lectures, by italicizing as above.

Notwithstanding its aplastic properties, surgeons employ some mercurial before an operation, where

* Archiv für Klinische Medicin.

* St. Petersburg Med. Wochenschrift.

† Physiological Pathology of Syphilis.

‡ Ziemmsen's *Cyclopædia*.

the subject is syphilitic and there is likelihood of the disease complicating or retarding cicatricial growth. From the mechanical standpoint it would seem that they in such cases choose the lesser evil. The aplasticity of syphilis being progressive and destructive, while that of mercury abates, when the cause is withheld, or is even preferable, to the fibrinous degeneration of syphilis. The percentage of fibrine is reduced by the increase of the watery secretions attending glandular activity. In this way mercury would be indirectly as well as directly opposed to plasticity.

Hoping to discover the course of the metal through the frog's body, I administered a gram (15.4 gr.) of finely divided mercury, in albumen, to a male frog. In five hours globules appeared on its back. Dissection that showed the intestines, renal-portal circulation, heart, kidneys, and even the testes, contained numerous globules of mercury, and the lymphatic passages were beautifully injected with globules much more finely divided. Apparently the lymph channels had chosen the lesser particles, or the metal had undergone further division in absorption into these passages.

IPECACUANHA IN DYSENTERY. GEORGE S. KING, M.D., 1113 F. St., N.W., Washington, D. C.

The *Medical Weekly*, of New York City, quotes from the *Philadelphia Medical News*, an article on this subject, in which it is stated that "To cure dysentery with ipecacuanha, its purgative effects must be induced," "a scruple to a drachm every four hours, until its characteristic stools are produced is necessary. How to secure the retention of such a quantity by the stomach" is set down as "the vexatious problem." Sundry adjuvants to this end are adverted to, of which a "conjoint administration of carbohc acid and bismuth" seems to me to be the best; "ice" is a help, of course, unless "the cold sweat of death" be present, and I have seen the plan succeed even in spite of this condition, *mirabile dictu*.

Some eight years ago I sent a communication on this subject to a New York journal—the *Medical Reporter*, I think—in answer to some tentative suggestions in the same journal from the pen of my venerable quondam colleague of New York State Hospital, Dr. Bulkley, in which I cited what I take to be a pioneer article on "The Treatment of Dysentery by the Administration of *Large*" (the italics mine) "Doses of Ipecacuanha," by E. S. Docker, Esq., Surgeon to the 2d Battalion of the (H.B.M's.) Royal Fusiliers, stationed in the Island of Mauritius, published in Braithwaite's Retrospect for 1859, Part

XXXVIII., p. 86; in this paper I supplemented to Mr. Docker's my own subsequent experience, military and civil, wherein I had followed his directions strictly and in detail. Not having followed the New York journal literature immediately after my communication, I know not with what reception this met from the public, nor do I even know whether it was honored by being published, for had it been—much—there would hardly be at this day, to quote again from the first article above cited, "a singular lack of appreciation of its" (ipecacuanha's) "curative effects," nor "an unwillingness on the part of physicians to give the remedy in sufficient quantity."

Given, the possibility of getting the ipecacuanha past its emetic possibilities, what toxic possibilities can the most conservative votary of precedent apprehend from it? Mr. Docker's article cited sets forth a definite plan which invariably resolved, in his hands, this "vexatious problem" and the disease. Now if any physician in good standing can add his testimony to this, or has done so, and the gravity of the subject points out his duty to do so, the object for which we were told as candidates for graduation inaugural thesis-writing was required, as part of our examination, is vindicated.

Mr. Docker's plan is, in brief, two grains of opium, administered per orem simultaneously with the application of a mustard or a cantharides plaster to the epigastrium quoad rubefaction, and two hours later a drachm of ipecac per orem. This plan has, in my hands, literally carried out, and once only in most of my cases, been followed with exceptions only plural enough to "prove the rule," by no vomiting, and, in the grave (successful) cases, without even retching; without any "purgative effects," without any "characteristic stools;" on the contrary, it has given, after four or more hours' sleep, a full and perfectly healthy, *consistent stool*; and from time of said stool the patient has been virtually convalescent; this record, no matter how protracted, intractable or grave the case. I have never lost a case under the plan, and have failed, under it, to *cure* (as the word is commonly accepted) but one case, this being a girl, æt 14; with a history of Chagres fever, and whose dysentery yielded, to my surprise, to a glyster of tr. opium, fl. 3 iv, in ice-water (some of the laudanum was lost in the injecting and early after it). I regret to have this particular exception to chronicle, because I have cherished hopes of an especially efficient future for the plan in its application to the large number of sailors convalescent from Chagres fever, who come to the New York Hospital only to die of sequellent dysentery: while I

was on duty there I never knew one of this class to recover.

The rapid gain of strength I have witnessed in the first day and two days, etc., of convalescence by Docker's plan, would read like Munchausenism if I were to report my cases, whose number I cannot even guess at now, having lost, in the vicissitudes of war, my minutes of military practice; and I should forbear by preference too, because I like to read "boiled down" experiences myself, and it was my aim at start to comport this paper to that spirit of the age. In my exceptional cases, in which, even I have never had full nor prompt emesis, I have always found a repetition of the plan the next day or two days after the first exhibition, sometimes limiting the ipecac to two scruples, but not lessening the opium, to suffice for a completion of the cure.

For rationale, I simply infer that while the opium is prepotent to obviate the effect of the given quantity of ipecac upon the stomach, the ipecac is in quantity sufficient, despite the given opium's arrestive power over the hepatic functions, to permeate the dual circulation of the liver, relieve the irritation of its functional nerves, as all depressant remedies do, and are (*en passant*) therein too little noticed amid the prevalence of the *building up* fashion of the period, I make bold to hint, and so resolve the constriction of the ascini which has dammed the blood upon the bowels. "Remove the cause and the disease will remove itself," provided fatal lesions have not obtained and provided the initial endowment of vital force be not all consumed by ordinary and extraordinary drafts upon it.

I deem this a proper place to submit for comparison with others' experience mine of the efficacy of small doses, on-the-point-of-a-knife doses, of common epsom salts for dysentery, exhibited three times a day for one, two, or more years. When it is reflected that the tendency of chronic dysentery is toward deceptive appearances of cure in winter, with recurrence summer after summer and final death, possibly accelerated by styptic young doctor's talismanic practice, whose cases improve so smartly but for an unfortunate "determination to the brain" (dysentery on the brain)—it will be granted that the time required for a cure by this easy and inexpensive medication is not too long to justify the patience and faith required of both the patient and the physician, and will seem *much for little* to the little sufferers when they consider it retrospectively as adults. I desire to put it on record for what it may be worth that I can count such results from this simple plan among my professional "lights and shadows."

SELECTIONS.

THE TREATMENT OF RUPTURE. By D. HAYES AGNEW, M.D., Philadelphia.

Hernias are in general divided into three classes, viz., *congenital* hernia, or that which exists at birth; *infantile* hernia, or that which comes on after birth, being produced by excessive crying or straining; and *acquired* or adult hernia. To my mind a much better division would be into *congenital* and *acquired* hernia, *acquired* to include the infantile and adult forms. Let us first consider the congenital hernias. A congenital hernia may be either femoral or inguinal. You all know that at about the sixth or seventh month of pregnancy, the child testicles begin their descent in the inguinal canal. In the act of descending the testicles carry with them that peritoneum which is to form in time the tunica vaginalis testis. After the descent of these bodies, if development goes on properly, a contraction takes place in that part of the inguinal canal just below the external abdominal ring. This contraction if it is perfect, shuts off completely the testes from the peritoneal cavity. But suppose that this contraction does not take place? The intestine may at any time slip down more or less through the external abdominal ring and so form a hernia. The same thing may occur in the case of an umbilical hernia. The normal contraction has not been accomplished, and so the intestines find an unnatural means of outlet. In the case of acquired hernia there may not have been perhaps any arrested development, but the ring has not been firmly enough closed to prevent the forcible passage of the intestine. The infant or adult is suffering from a severe acute or chronic cough, strains violently perhaps, when the constriction suddenly dilates and the bowels slip through. The signs of hernia are divisible into (1) general and (2) special. Under general signs we have to consider (1) the presence of a tumor in certain definite regions, (a) in the inguinal region, (b) in the groin near Poupart's ligament, and (c) near the navel. (2) We find that the tumor is of variable size being small at one time and large at another. (3) We are able to notice a decided change in position; the tumor is now present in the scrotum, and now has disappeared entirely from view. (4) The tumor is found to change its position with changes in the position of the body. When the patient stands upright the tumor is in view; when he lies prone it is gone from sight. (5) Percussion of the tumor, if it be an enterocele alone, elicits a tympanitic sound; if there is omentum alone, and no intestine, the sound will be flat as of

a doughy mass ; if both intestine and omentum be present, percussion will reveal flatness over one site and elsewhere resonance. (An omentum hernia is more common on the left than on the right side.) (6) A reducible hernia can always be replaced by manipulation. The special symptoms of hernia are those referable to the several varieties of the disease. Complete oblique inguinal hernia follows the course of the inguinal canal and makes its way into the scrotum. This form of hernia is to be distinguished from hydrocele by the following special symptoms. (I may say, in passing that the diagnosis between these two affections is not easy, and that the trocar is quite frequently thrust into the contents of an inguinal hernia, mistaking it for hydrocele.) (1) If we inquire carefully into a case of hydrocele we will find that the swelling began at the bottom of the scrotum and gradually extended upward : hernia, of course, begins above and goes downward. (2) When the patient lies down, a hernia (that is, a reducible hernia) can be pushed back or will disappear spontaneously. Of course this is not the case with hydrocele. (3) If the tumor be a hydrocele, by taking the patient into a dark room and placing a candle on one side of the mass, being careful to cut off all the rays of light from above it will appear translucent. There would evidently be no translucency if the tumor contained omentum, or intestines, unless, indeed, there were a partial dropsy of the sac, in which case part of the tumor would be partly translucent and partly opaque. How is inguinal hernia to be distinguished from scrotal hæmatocele ? Hæmatocele is always the result of some strain, blow, or fall. But hæmatocele gives like hernia, an opaque tumor. How draw the distinction in this respect ? The surest mode of diagnosis is the introduction of a very minute exploring needle. If hernia, no result will be had ; if hæmatocele, there will be a few drops of blood ; if hydrocele, a straw-colored liquid. It is generally held that an exploring needle can do no harm, and yet I am not quite sure that it is an entirely innocuous means of diagnosis. Varicocele is, as you know, an enlargement of the spermatic veins. How is hernia to be distinguished from varicocele ? (1) Varicocele occurs almost always (in 999 cases out of 1000) on the left side ; hernia may be present on either side. (2) When you take hold of a varicocele you find, not a smooth and elastic, not even a doughy feel, but it is as if you had taken hold of a bundle of knotted skeins. A hernia is a smooth and elastic mass. (3) Let the patient take the recumbent position. Both hernia and varicocele would spontaneously disappear. But now press your finger on the external abdominal

ring, and let the patient stand up and cough. Varicocele will descend again but not hernia. So much for the special symptoms of inguinal hernia. There are three kinds of tumors from which femoral hernia is to be diagnosticated—viz., psoas abscess, enlargement of the inguinal glands, and varicose enlargement of the saphenous veins where they enter into the femoral veins. What are the main points of distinction ? 1. Psoas abscess must follow the course of the psoas muscle. It usually begins from disease of the condyles of the lumbar vertebræ. 2. Psoas abscess comes out of the ring external to the blood-vessels ; femoral hernia is internal to them. Where there is psoas abscess there is a history of previous bad health, and a general strumous condition of the system. The diagnosis between hernia and swollen inguinal glands is not such an easy matter, particularly as the swollen glands occupy almost exactly the same position as would be held by femoral hernia, lying as they do over the saphenous opening and near the course of Poupart's ligament. The diagnosis will therefore depend on the following points : 1. If the patient has had any venereal disease, or suffered from any injury to the feet, there is a tolerable presumption that the inguinal glands are swollen. 2. In health the inguinal glands can be isolated. This is also possible when they are diseased, but this process of separation is very difficult when they are glued together by syphilitic exudation. 3. Place your hand on the tumor and tell the patient to cough. There will be a distinct impulse felt if it is an enterocele, otherwise not. (This point of diagnosis is of no value as a mode of distinction between an omental hernia and inflamed glands.) 4. Intestines will give resonance upon percussion ; glands dulness. 5. You find upon close examination that the tumor was not always *in situ* ; that there has been occasional swelling for years ; that the tumor was in the habit of appearing and disappearing. As inflamed glands do not change their place the above facts would argue against their existence. 6. Hernia is usually entirely insensitive to pressure. Inflamed and swollen glands are apt to be highly sensitive. As regards the modes of distinguishing an enlarged saphenous vein from a hernia, they are few and simple. 1. Cough will impart no impulse to an enlarged vein. 2. Press on the vein just below the site of the tumor ; if pressure diminishes the size of the swelling, while upon the removal of the pressure, it again fills, the tumor is evidently a venous enlargement ; otherwise not. There is but slight difficulty of diagnosis in cases of umbilical hernia. There is rarely any projection except that of hernia in the umbilical neighborhood. This brings us to a consideration of

the treatment of hernia. All forms of acquired (adult and infantile) hernia are curable, provided the hernia be restored and held in position until the hernial passages undergo constriction. Let us take, for example, a case of umbilical hernia in a child. A little tumor makes its appearance at the child's navel, which can be easily pressed back into the abdominal cavity. If the child strains or frets, the projection grows in size. All the treatment necessary in such a case is the accurate application of a truss. You cannot put a truss on too early in such cases. In umbilical hernia the fitting on of a truss is a very simple matter. Take a good-sized cork and cut it into an oval shape, flattening it on one side. Then cut out a strip of sticking plaster long enough to pass entirely round the body. Apply now the oval side of the cork over the site of the hernia, first placing a small piece of chamois between the cork and the skin, and then fasten the cork in position by means of the plaster. Porous plaster is perhaps better than adhesive plaster for this purpose, as it does not irritate the skin so much and will stick much longer. I strongly advise the use of home-made cork trusses in children, as they will keep in position much better and longer than trusses bought at shops. Where hernia occurs in the adult we have the various styles of artificial trusses from which to choose. These trusses are conical-shaped pads, made of leather, hard wood or ivory, and provided with elastic bands fastening round the body. You will find a great variety of trusses in the market. Some physicians prefer the leather-covered pad on account of the greater comfort allowed by it to the skin; some use the old French truss. In applying a truss for the cure of hernia, there are certain indications which must be carried out to the letter if you expect success in your treatment. The application of a truss, therefore calls for the possession of a certain amount of skill. The indications are, (1) the truss ought not to be worn unless it conforms exactly to the person of the wearer; (2) the truss must be so applied as to exert no more pressure than is demanded to keep the hernia in place. I constantly see the effects of the severe and protracted pressure exerted by ill-applied trusses. It is not perhaps so much the amount of pressure employed as where it is employed. As regards this matter of pressure, the old truss made of hard, polished wood, is much more comfortable to the skin than the softer pads. The leather pad in time becomes saturated with perspiration, and so is extremely unwearable. As a general rule, the harder the pad the more comfortable is it to the skin. Pads are either single or double. As a truss, if applied only on one side, is

very liable to slide out of position, it is sometimes necessary to use a double truss. I use the Gemrig truss with two pads very often. This truss is double, having two pads both in front and behind. As this truss is intended for one-sided hernia, one of the front pads presses harder than the other. This is a very popular truss. It scarcely ever changes its place. In the case of femoral hernia, it is very well to employ a movable pad which can be made to drop into the saphenous opening. This movable truss can be changed into a fixed truss for inguinal hernias. Here is a double soft leather truss. This hard rubber truss is very useful. By heating it you can easily model it to fit the outlines of any figure. There are various forms of the hard rubber truss. This specimen does not weigh more than two ounces altogether. It is very inexpensive, and never wears out. If the strap is made waterproof, it can be worn in the bath. Here is another form of truss, constructed for the purpose of controlling hernias which are exceedingly hard to keep in place. It has a projecting centre-piece which is supposed to press right into the external abdominal ring, or saphenous opening, whichever the case may be. I do not place much confidence in this form of apparatus. It is but too certain to enlarge the hernial passage at the same time that it is holding the hernia in position. When you advise any of your patients to use a truss, you should always make it a rule to superintend its first application. If you cannot be present yourself, give your patient the following directions: (1) Never accept a truss until you get one which fits; (2) try it by putting it on, and (a) stooping down and rising up suddenly, (b) by coughing violently and persistently; (c) by separating the limbs and stooping; (d) by crossing the limbs and sitting down; (e) by going through all kinds of motions. Of course the truss is not a proper one if the hernia slips away from it in the course of any of these motions. In wearing a truss the following precautions must always be had: (1) The patient must never take off the truss till he or she is in the recumbent position; (2) before putting it on again the parts must be rubbed until they are all aglow, so that an active circulation and full secretion are maintained; (3) the truss must be taken off the last thing before the patient retires, and put on the first thing in the morning; (4) in the case of a child, the truss should be worn all the time, both night and day, after the first feelings of discomfort have passed away. At first it must, of course, be taken off two or three times, while the skin is thoroughly rubbed and anointed, and then put on carefully again. If these rules are conscientiously adhered to, a cure may be expected in the

course of two or three years. The truss, at any rate, should not be taken off sooner than that. I may say, in closing, that permanent cure is much more likely to ensue if a hard than if a soft pad has been employed.—*Mich. News.*

INDICATIONS FOR THE USE OF DIGITALIS. BY J. MILNER FOTHERGILL, M.D., EDIN.—The correct use of this potent remedy—invaluable in certain cases of lack of power in the heart—is scarcely as yet general. Old established views take a great deal of uprooting; and yet they must be uprooted before new views can be built up in their place on the same ground. Digitalis was long regarded as a cardiac sedative—"the opium of the heart;" because it rendered the heart's action slower, or less tumultuous. Slower, certainly, in those cases where the rapidity is due to the action of an irritable muscle; irritable, because becoming exhausted. But when the rapidity of the heart's action is due to nervous disturbances digitalis is useless, or very nearly so. Digitalis, then, is not useful "because it shows the action of the heart." This is an error. In many cases it exercises no action worth estimating upon the rapidity of the heart's contractions. While in others it is of the greatest service when the action of the heart is not accelerated before its administration, nor slowed while the good effects are being felt. "Less tumultuous," most certainly, in many cases. Where a heart is laboring hard, yet accomplishing little; when the muscle is doing its best to the utmost of its power, but is heavily handicapped; then digitalis will usually calm its action, not, however, by any sedative effect, but by increasing the vigor of the cardiac contractions. In other words, it may be said that the digitalis achieves the more complete emptying of the ventricle at each systole; and that is what is wanted in these cases.

Now, sometimes digitalis will both slow the heart's action and do away with palpitation, at one and the same time. This is most commonly seen in simple dilatation of the left ventricle, without necessarily any valvular lesion; the mitral valve may leak, but not as the result of any distortion of the valve curtains, but rather the ostium has stretched with the yielding of the heart muscle, and the valve curtains become insufficient to close the ostium completely on the contraction of the ventricle. Such a condition is common where the dilatation has taken place too swiftly for the valve curtains to stretch *pari passu* with the yielding of the muscle. Here digitalis is usually of priceless value. But its utility will be greatly enhanced here by putting the patient at complete rest; which means, strictly confined to

bed—just as much as if the case were one of broken thigh.

"Digitalis is to be given in mitral disease, but withheld in aortic disease," is a rule of thumb driven into the student's mind like a nail into a plank, by some teachers. Well, as a broad rule it is well enough; digitalis is usually of service in mitral disease; but how about aortic disease? When a fairly hypertrophied left ventricle is struggling against a contracted aortic orifice, but not quite successfully; how about digitalis? The system is suffering from want of arterial blood because the ventricle is unequal to driving a *sufficiency of blood through the narrowed ostium in the normal time* to keep the arteries full. Here digitalis often acts most potently, indeed furnishes the most brilliant illustrations of its properties. By increasing the vigor of the driving power—the ventricular contractions—the normal amount of blood is pumped into the arteries in the normal time, and tissue nutrition is improved everywhere; including the structures of the heart itself.

Or aortic regurgitation is dilating the left ventricle too swiftly for hypertrophy to be built up to arrest the dilating process; what is the value of digitalis here? Simply inestimable. It arrests the dilating process; the ventricle recovers its size, and, with that, much of its vigor; the muscle is better nourished, and then that compensatory hypertrophy is built up which often enables the patient to pursue an active life for years.

Certainly, on the other hand, both in aortic stenosis and aortic regurgitation, while the muscular compensation is complete and sufficient, and the patient is fairly well, there is no good end to be attained by giving digitalis. We do not give digitalis because there is valvular disease present; but when the system is suffering in consequence of the said valvular lesion. The digitalis has no influence on the injured valve, but is of mighty service when the muscular hyperplasia, which compensates the valvular defect to a great extent, is not provided by the powers of nature. By the aid of digitalis the natural powers will often be enabled to surmount the difficulty and secure a muscular growth, or hypertrophy, which is practically compensatory. Such compensation by muscular hypertrophy is most perfectly seen in aortic stenosis, and on this hangs the good prognosis of aortic stenosis.

It is quite clear that under these circumstances the action of digitalis is powerfully aided (1) by rest, reducing the demand upon the heart; (2) good food to aid in nutrition of the tissues; and (3) iron as a hæmotic. In mitral disease the effect of digitalis

upon the right ventricle often leads to most satisfactory results.

Now, when we come to discuss the effects of digitalis upon the right ventricle, there is something more to be considered than the heart merely. There is the respiration! Ordinarily we breathe 18 times per minute or thereabouts. There are about 250 inches of "residual" air in the throat, and the act of respiration takes place normally about 18 times per minute. By such "tidal" air the "residual" air is kept fairly pure. But when the thoracic space is encroached upon either by (a) air in emphysema; (b) connective tissue in cirrhosis; (c) diminution of the calibre of the air tubes from thickening of the bronchial lining membrane; or (d) by engorgement of the blood-vessels in mitral disease; then the respiration must be more frequent in order to keep the residual air fairly pure. The stimulus to respiration is the effect of venous blood, laden with carbonic acid, upon the respiratory centre in the medulla.

Where there is an excess of carbonic acid in the blood circulating in this centre, then the respiratory efforts are increased in vigor until the excess of carbonic acid is got rid of. Now, when the right ventricle is embarrassed, it is not usually enough to give digitalis to increase the energy of the contractions of the right ventricle, though, of course, all medical men of much experience have met with striking illustrations of the almost magical effects of digitalis in the pulmonary engorgement of mitral disease; many can also tell of cases where digitalis failed to afford relief under these circumstances, or even increased the respiratory embarrassment. Now, my rule for some time past has been under these circumstances of mitral lesion, no matter what form, with embarrassed respiration, to give strychnia, a well recognized "respiratory stimulant." Here, the effect of the digitalis upon the right ventricle, and that of the strychnia upon the respiratory centre, work together for good with most satisfactory results. The good effects of this combination are conclusively demonstrated in those cases where digitalis given alone, fails to do good; but where the addition of strychnia at once makes a striking alteration. Such a case occurred to me in November 1881. A medical man had a mitral stenosis, with pulmonary engorgement, and, from cold, some congestion of the lung bases. Breathing was hurried; there was orthopnea; digitalis had made him worse. Taking in the position on the line laid down above, I added strychnia to the digitalis with the most gratifying results. The breathing quickly fell in rapidity, and the patient could sleep without being awakened by violent

dyspnoea, from the respiratory centre being roused by excess of carbonic acid in the blood circulating in it. (After the blood has been cleared of carbonic acid by violent respiratory efforts, the respiration calms down, and the patient drops off to sleep again. Such nocturnal dyspnoea must be distinguished from the more serious matter of dyspnoea from distention of the right ventricle—a distinction not always made.) Now, under these circumstances, the addition of strychnia, or drug of allied character as ammonia, to digitalis, is of great service. Inversely, when there exists any condition of lung, or bronchiæ by which the respiration is embarrassed, or the thoracic space diminished, then digitalis may be added to the cough mixtures with decided advantage. Whenever the breathing is embarrassed and the radial pulse feeble, while the contractions of the heart are vigorous upon auscultation—a condition which tells that the right side of the heart is laboring—then digitalis may be given with a respiratory stimulant, as ammonia, or nux vomica, or both, to the great relief of the patient. Usually that is, of course, if there be anatomical changes which forbid real relief, then the effects are less palpable. The proper relation of digitalis to stimulants of the respiratory centre is a matter far from being understood generally.

The indication, then, for digitalis is not a murmur in the heart; nor a certain form of valvular lesion; nor tumultuous action; nor yet rapidity of action; but, as Rosenstein has put it, whenever it is desirable "to fill the arteries and empty the veins." That is the impression which each student of medicine should form in his mind as to the action of digitalis. If he would do so, the doubts which otherwise may beset his mind in the exigencies of practice will not often embarrass him. Say it is a case of aortic regurgitation: if the arterial system is well filled then digitalis is contraindicated. But if the wall of the heart be yielding in the later stages, then surely it ought to be given. In almost all stages of mitral lesion digitalis is indicated. But there is another condition in which digitalis is sometimes given with injurious effects which contrasts with these conditions. The hypertrophied gouty heart often palpitates when there is arteriole spasm, and the larger arteries are tense and full of blood. The resistance offered by this full arterial system to the onward flow of the blood at the cardiac systole is such that the ventricle palpitates in its efforts to contract effectually—such a condition is commonly seen in the "chronic Bright's disease without albuminuria," so well described by Dr. Mahomed. Here digitalis does no good, but harm; for the arteries are already full to

the risk of apoplexy. Indeed, this last accident has followed the administration of digitalis under these circumstances. The full artery, then, is a contra-indication. Just as much as an empty artery is an indication for the administration of digitalis—whether the heart be diseased or not.

Digitalis is a diuretic, says another. Whenever the bulk of urine rises then I know digitalis is doing good. The bulk of urine, as Traube taught, is the index of arterial fulness. When the arteries are filled by the action of digitalis the bulk of urine is increased. The rise in the bulk of urine tells in the most unmistakable manner that the action of the drug is filling the arteries. In dropsy, when the bulk of urine is low, and the specific gravity is high, then digitalis is pre-eminently useful. When albuminuria is present from venous engorgement in heart failure, digitalis will often be followed by its disappearance. As the arteries are filled the veins are depleted; the albumen, which tells of venous congestion, disappears as this state of the veins is relieved; as the arteries are filled the bulk of urine rises.

The great matter for the practitioner to remember about digitalis is, that it increases the energy of the ventricular contractions; and that the clinical indication for its administration is an empty artery. Remember Rosenstein's maxim, "digitalis fills the arteries and empties the veins." With such views before his mental vision the practitioner will rarely experience any difficulty in deciding when to give, or when to withhold the potent digitalis—potent for good or harm according to the circumstances under which it is prescribed. In cases of cerebral anæmia digitalis may often be prescribed with advantage when it is desirable to raise the blood pressure within the arteries.—*Glas. Med. Jour.*, Dec.

ORIGINAL CORRESPONDENCE.

RISING FAWN, GA., Feb. 17, 1883.

DEAR DOCTOR: I find reported by Dr. John F. McKenzie, Gaillard's MEDICAL JOURNAL, of Feb. 3d, a case entitled Singular Gunshot Wound.

In looking up my notes of surgical cases, I find the following:

Alice J. Coe was wounded April 3d, 1881, with a pistol ball 32 calibre. Ball entered near inner extremity of supra orbital ridge, passing upward, backward and inward, striking and elevating the left parietal bone at a point one and one-half inches from

the sagittal suture, and on a line dividing that bone equally in a vertical direction. Shock considerable, with free hæmorrhage and cerebral matter exuding from wound. Consciousness not impaired. The parts lying in the course of the ball were olfactory bulb, left anterior lobe, and anterior edge of middle lobe. There was aphasia for the first three or four days. The sense of smell was impaired, but not destroyed. Reaction came on in a couple of hours, but there was very little fever at any time, and no suppuration.

Though having the location of the ball so plainly marked out, I did not feel that it was necessary to attempt to remove it, rather preferring to watch, and if I found anything unfavorable to act at once. After putting her on salines, low diet, and cold to the head, I had the satisfaction of having discharged her at the end of a fortnight, cured, though for a year after there was pain around the location of what should have been the aperture of exit. I have since lost sight of the case.

Yours truly,

J. W. RUSSEY, M.D.

FLATONIA, TEX.

DEAR DOCTOR: For several years I have adopted the following plan in giving morphia hypodermically: Use the sulphate. Dissolve in cistern (rain) water when needed. Turn the opening of the needle down into the parts, and always give the injection in the muscles of the abdomen and deep. Never give in the arm, and never introduce merely under the skin. I would lay special stress upon having the orifice of the needle downward, and the injection be given deeply. Have had no abscesses.

Respectfully,

H. A. TUTWILLER, M.D.

CHICAGO, Feb. 28, 1883.

DEAR DOCTOR: The February 10th number of your valuable journal, contains in its editorial columns, in my opinion, a very unjust criticism of the Board of Health of Illinois. There is assigned for the criticism a specific act, a motive for the act, and finally sundry comparisons. The act alleged is the non-sustaining of the West Virginia Board in its refusal to recognize a diploma granted by the Columbus Medical College. It should be recognized that the law on the subject in Illinois is a defective one, and, so to speak, the efforts of the Board have been those of a path-breaking character, every step having to be taken cautiously. The diplomas of the Columbus Medical College are only recognized con-

ditionally, that is, evidence has to be specially given that they were granted in compliance with the College laws and requirements. The diploma specified by Dr. Reeves would not be recognized in Illinois. This same non-recognition also exists as regards the Missouri Medical College, which has loudly complained, as has also the Columbus Medical College, of the treatment of the Illinois Board. These are matters of such common notoriety that it is a little astonishing they never reached Dr. Reeves' ears. It is publicly known that the Columbus College was investigated, and that this college complained of the resulting action of the board. The motive alleged is the political influence of "Gov." Hamilton, who at the time of such investigation was not governor, and there was no probability that he would be. His accession to the gubernatorial chair occurred weeks after the action taken by the board, to which reference is made in your journal, and was a political surprise to every one. The motive alleged for this action is therefore erroneous. If this board be capable of being moved by political considerations at all, it should be so moved by the State colleges. A recent trial sufficiently disproves such assumptions. The College of Physicians and Surgeons, of this city, enticed some students from Rush under pretext of graduating them early. This was not done, whereupon the students sued the college, which was mulcted in consequence, although it showed that the State Board of Health had compelled it to adopt the latter's requirements clearly to its own injury, and that it could not graduate students who had not complied with such requirements. Such a suit is a sufficient evidence that the board does its duty uninfluenced by any considerations other than those of duty. Dr. Reeves is doing good work, but under much more advantageous circumstances, profiting by the experience of the Illinois board. He has a rural State, with a relatively fixed population. Illinois is an urban State, with a very variable population. There are six times as many changes in Chicago alone, among physicians, as in the whole State of West Virginia. The irregular practitioners are few and feeble in West Virginia; numerous, rich, influential, and legally recognized in hospital privileges in Illinois. They have to be recognized in all medical matters, and if any legal recognition of the necessity of medical education is to be secured, it can only be secured in the larger States by recognizing their existence and compelling them to have a medical education in anatomy, physiology, practice, obstetrics, etc. This does not entail consultation. The editorial, therefore, obviously does an injustice clearly

inconsistent with the editor's intention, and with his known devotion to the interests of the medical profession.

Sincerely yours,

JAS. G. KIERNAN.

NOTE.—This letter is published without hesitation, for there is a sincere desire to be just in regard to all medical corporations, and particularly to the Illinois State Board of Health, which has seemed to be anxious to secure and promote the best interests of the profession. There is, however, one significant and eloquent fact to which the writer of the above letter does not allude, and of which, doubtless, he is entirely ignorant. This fact is that the Illinois State Board of Health did officially discuss the matter of Dent's "examination" (in a Pickwickian sense) and graduation after a "second course" of *three weeks*, (!) and did enter on its minutes that this was an "irregularity." Let it wipe out that foul blot on its records and history, let it take proper action in regard to the Columbus Medical College which, by the graduation indicated, forfeited all claims to recognition, and this journal will go as far as any in the land to magnify, sustain, and strengthen it. The profession and the press will cry in regard to that blot on the official records, as did Lady Macbeth in regard to the blood of Duncan: "Out, damned spot! out, I say!" and, until it is removed, it will be a plague spot to mark that board with public reprobation and professional distrust.—E. S. G.

PETERSBURG, VA., March, 1883.

DEAR SIR: Permit me to make a suggestion to your contributors. We are now passing through a transition state, from the use of the "*apothecaries weights*," to the "*metric system*," of weights and measures; comparatively few of our profession have made themselves familiar with the latter, and are consequently much puzzled to read the "*metric signs*." A little trouble will remedy this, and greatly aid in the introduction of the "*metric*" system. Can they be induced for the present to use both: Take the following as an example?

R Hydr., chloride corros...	00 25 G.M.=gr. iv.
Potassii iodidi	10 00 G.M.=3 ij ss.
Syrup sarsas. comp.....	125 00 C.C.=3 iv.
Mistur glycyrrh.....	32 00 C.C.=3 i.
Aquæ puræ.....	250 00 C.C.=3 viij.

Long habit has so fixed the old system in the minds of some (I may say the majority of the older members of the profession) that without great inconve-

nience they cannot read the other. To use a "*slang*" phrase, a thing I abhor, but for this time must use it, "*it is hard to teach old dogs new tricks.*" I hope they will take a little trouble to accommodate the "*old fogies,*" and perhaps some that are not *old* "*fogies.*"

Yours truly and respectfully,

STANLEY BECKWITH.

PROCEEDINGS OF SOCIETIES.

NEW YORK ACADEMY OF MEDICINE. Stated Meeting, 1883. R. F. WEIR, M.D., Vice President, in the chair.

Dr. Paul F. Mundé read a paper entitled "*Secondary Puerperal Hæmorrhage.*"

The possibility that alarming uterine hæmorrhage may occur as late as several weeks after confinement was scarcely more than referred to by most authorities in obstetrics. The subject was treated more fully, however, in the standard works of Barker, Winckel, Playfair, Spiegelberg, and Barnes, and in an essay by Dr. Theophilus Parvin, read before the annual meeting of the American Gynæcological Society for 1880.

The following case presented certain features not referred to in Dr. Parvin's paper. Dr. Mundé saw the patient, in consultation with Dr. Kohn, on August 2d, 1882. She was twenty-five years of age, had always been healthy, and was the mother of three children. Labor began on the 16th of July, progressed slowly, and after twenty-one hours, the head almost resting upon the perineum, an attempt was made to deliver with the forceps, but failed. Delivery was effected with the cephalotribe after perforation, the trouble being hydrocephalus. Hæmorrhage was profuse, but soon ceased. The placenta was adherent to the right side of the fundus, and required to be separated by the hand. Care was taken to leave no fragments behind. The anterior lip of the cervix was torn. Two fluid drachms of the extract of ergot were administered, and all hæmorrhage ceased. With the exception of a slight elevation of the temperature and pulse, the patient seemed to be doing well for the next six days. The lochia were fetid from the third day. Uterine injections brought away small threads of coagula, and the lochia lost their offensive odor, but on the twelfth day they again became offensive, and on the sixteenth day profuse hæmorrhage set in. When Dr. Mundé saw the patient four hours later, she was almost exsanguinated. Hæmorrhage had been checked for a few minutes with hot-water injections, but, recommencing, a vaginal tamponade was also applied.

Dr. Mundé found the patient with low head, perfectly pallid face, hands and feet cold and clammy, pulse 120, very weak, consciousness unimpaired. The fundus of the uterus was on a line with the umbilicus, irregular in outline. He prepared some fresh carbolized tampons, procured a few ounces of tincture of iodine, filled a syringe with hot carbolized water, and then proceeded to remove the vaginal tampons. The uterine cavity was found filled with soft coagula, offensive, dark-colored, mixed with threads of decidua; the surface was soft and pulpy, and the mucous membrane seemed to be much thickened. The cavity was washed out with hot carbolized water, and half an ounce of pure tincture of iodine was then injected through a tube, introduced through the vaginal speculum with considerable force, so as to insure thorough distribution. Cotton tampons, joined with a cord, were introduced, to be removed within six hours. Hypodermics of brandy were given, and ten drops of aromatic spirit of ammonia, five drops of spirit of camphor, and a teaspoonful of brandy were ordered in ice-water every half-hour. An ice-bag was put over the uterus, and a hypodermic injection of ergot—Squibb's fluid extract of ergot—was made at the abdomen. Carbolyzed water should be injected into the uterus on removing the tampons, to guard against decomposition of the coagula produced by the iodine. Dr. Mundé visited the patient twenty-four hours later, and learned that there had been no further hæmorrhage. The cavity of the uterus had been washed out twice. A hectic flush and a peculiar sweetish odor sustained the opinion that the patient was suffering from septic endometritis. Injections of a solution of permanganate of potash were made into the uterus every three hours. Should the temperature rise above 102° F., ten grains of the salicylate of soda were to be given every two hours, nutritious enemata, and stimulants. The prognosis was considered unfavorable. Dr. Kohn gave intra-uterine injections of a solution of quinine, one drachm to the quart, apparently with benefit. The patient recovered slowly, convalescence being complete at the end of five weeks.

The author of the paper then reviewed some of the points of interest in the case, and spoke of the causes of secondary puerperal hæmorrhage. These might be divided into constitutional and local. Under the former, hæmophilia, mental emotion, functional disease of the liver, improper use of stimulants, sudden assumption of the erect position; under the latter, irregular and inefficient contraction of the uterus, clots in the uterine cavity, portions of retained placenta or membranes, retroflexion of the

uterus, laceration of the vagina, vulva or cervix : inflammatory ulceration of the cervix, malignant disease of the cervix, pelvic cellulitis, involution of the uterus, premature sexual intercourse, loaded rectum, distended urinary bladder, malarial poisoning, and general febrile disturbances were also causes of secondary metrorrhagia. His own case belonged to the class in which there was disease of the inner surface of the uterus, chiefly endometritis.

The time at which secondary hæmorrhage was liable to occur varied with the character of the labor, the care taken at the third stage, the precautions during childbed, and accidental circumstances. Barker referred to cases as late as the fifth or sixth week after labor, and Helfer to one on the fourth week ; but it occurred very rarely later than the fourteenth day. The after-effects of protracted secondary hæmorrhage were its debilitating effects upon the woman, and subsequent uterine disease of some kind or other. After referring to points in the treatment of this case, Dr. Mundé concluded his paper with remarks on the means of preventing primary and secondary hæmorrhage after labor. With regard to the third stage of labor and the early puerperal state the following rules were given :

Always keep the hand on the fundus uteri from the moment the head appears at the vulva until the placenta is expelled.

Do not hasten the expulsion of the placenta too much.

Watch the uterus with the hand, using gentle friction occasionally, for at least one hour.

Always give ergot immediately after the birth of the child.

If the uterus shows reluctance to remain contracted, rub the fundus gently with a piece of ice, or insert a cone-shaped piece into the cavity.

Always make sure that the uterus contains no coagula.

Apply the child to the breast early.

Apply an equably tight binder, and, if there be tendency to hemorrhage, a pad should be placed over the fundus.

If there be laceration of the cervix or of the vagina, future oozing may be checked by mild astringent injections, or by applications through the speculum. Immediate suture for laceration of the cervix was not considered feasible.

Do not allow the lying-in woman to leave her bed before the tenth day.

See that the bladder is empty and is not interfering with uterine contractions.

See that the nozzle of the syringe is not introduced

too far, and that too much force is not used in giving the customary cleansing injection.

DISCUSSION.

Dr. W. M. Polk, on invitation, opened the discussion, and referred to a case of profuse secondary hæmorrhage which occurred on the fifteenth day after confinement. The tampon was applied because the uterus was not large and was firmly contracted. From negligence on the part of the nurse, complete atresia of the vagina was produced by the iron styptic, for which a secondary operation was afterward performed. Dr. Polk referred to the causes of secondary puerperal hemorrhage under the head of constitutional and local, to the former belonging cachectic states, such as from malarial or mercurial poisoning, etc., and to the latter the various septic inflammations belonging to the uterus, etc. He did not approve of the bandage and compress as generally applied. He preferred hot to cold water injections against hæmorrhage. Immediate operation for laceration of the cervix was considered out of place.

Dr. E. L. Partridge spoke specially with reference to previous conditions which, after labor, interfered with proper uterine contraction, predisposing to secondary hæmorrhage, and then referred to a case of hæmorrhage which occurred on the ninth day after delivery, due to an annular slough involving the entire vaginal end of the cervix. The hæmorrhage was so profuse that the patient's life was in jeopardy. The history of the case was one of early rupture of the membranes. He thought the tampon should not be resorted to until other means for controlling hæmorrhage had proved ineffectual, although in a case like that of Dr. Mundé he would not hesitate to employ it. The danger was from absorption of septic material.

Dr. H. T. Hanks referred to some cases of undoubted malarial origin. In one case which occurred on the fourteenth day profuse hemorrhage was controlled by the battery and hot-water injections. He did not approve of the tampon, and thought also that it was not necessary in every case to give a drachm of ergot after the birth of the child. He agreed with nearly all the remarks made by Dr. Mundé.

In closing the discussion, Dr. Mundé remarked that it was certainly a risky practice to introduce the tampon in these cases, but it was necessary in this instance to guard against the loss of another drop of blood.

Dr. E. B. Bronson then read a paper on "Eczema, its Pathology, and the Principles of its Treatment."

The author of the paper believed that the epidermis rather than the vascular layer beneath was primarily involved in the disease, and referred to recent investigations going to show that the epidermis as well as the papillary layer was supplied with nerves. The itching which took place in the course of the disease was probably due to disorder of those nerves, the pathological anatomy of which, however, was not much known.

The therapeutic indications were to allay irritation and assist repair, and consisted in measures of rest and stimulation. Local applications were either mechanical, chemical, or dynamic. Wet applications were best for the higher grades of eczema. Astringents, alkalies, or powders might be applied in lotions. Undiluted glycerine acted as an irritant. Later was the period for emollients, and afterward that for ointments. The zinc oxide was the best protective ointment. Absorbent cotton or lotion was better in cases of erosion with copious discharge.

Among the agents which modified vital action were the alkalies, which had a sedative influence upon the sensitive nerves. The strength of the alkali employed should vary according to the age or severity of the case. The soap treatment was the the most effectual for squamous eczema. Pruritus might be relieved by continued hot-water applications.

Carbolic acid and the tar preparations should not be employed in the stage of active exudation. Mercurials should be employed in later stages, when the accumulations occurring in the progress of the inflammation interfered with nutrition.

The internal administration of medicines might be of some service in diminishing reflex irritation, in restoring the general tone of the system, and in aiding local remedies. The most rational course of treatment was that directed to the skin itself, for eczema was essentially a local disease. In general, the narcotic series of remedies were to be condemned.

DISCUSSION.

Dr. R. W. Taylor agreed with Dr. Bronson in the main, but there was a little tendency in some parts of the paper toward the theoretical. He was not prepared to accept the view that the disease in its commencement was altogether above the rete mucosum. With regard to treatment, soothing applications in the erythematous stage, such as lead with opium, etc.; later, stimulation, and this was an important factor in most cases. Alkalies had a wide field of usefulness, and potash solutions would sometimes succeed where the soaps would fail. He was glad to know that the author of the paper had

rejected the idea of diathesis. He referred to a tendency to eczema acquired in early years, when the disease was not properly attended to. Local measures were most important in the treatment, but in many cases decided benefit was derived from the internal administration of arsenic.

Dr. Bulkley considered the paper as one of the best *exposés* of the subject of eczema which had been written. The subject of the alterations in the cellular layers of the skin had not received in years past the attention which its importance demanded. It was certainly true that the skin sometimes took on a tendency to eczema which lasted for a life-time. He did not believe in diathesis. The part played by the nervous system should be borne in mind in considering the etiology of the disease. He did not believe that persons who were sufferers from eczema were in perfect health in other respects. He had reported cases which were greatly benefited by Fowler's solution without other treatment. He did not, however, believe that there was any specific for the affliction.—*Phil. Med. Times*.

NEW YORK COUNTY MEDICAL SOCIETY. Stated Meeting. DAVID WEBSTER, M.D., President, in the chair.

The scientific paper of the evening was read by Dr. Rockwell, on "The Differential Indications for the Use of Dynamic and Franklinic or Static Electricity."

The author remarked that when a distinguished professor could say to a large class of students that a simple faradic apparatus would practically answer every purpose in medical electricity, he thought it was in order to discuss the subject. To state that electricity had been used in a given case conveyed but little meaning, unless the kind of electricity and the manner of its application were mentioned. It was not, however, to be supposed that one form of electricity only was appropriate for one kind of disease, a second for another, and a third for still another. There were, nevertheless, certain pathological lesions which demanded only a certain kind of electricity, other kinds being useless or injurious. Hemiplegia, for instance, accompanied by exalted muscular contractility, called for a mild and rapidly-interrupted faradic current, if for any form of electricity whatever. Indeed, the same current was usually preferable if the muscular contractions were only somewhat less readily called out than in the normal state. The galvanic current was indicated when there was very great diminution of electro-muscular contractility. In most cases of paraplegia, either complete or proximate, loss of farado-muscular contractility exists at

least for a short time, and the galvanic current alone is applicable. The faradic current might be useful in attempting to improve impaired nutrition of the paralyzed members. The constant current was alone applicable for directly affecting the central nervous system. In nearly all cases where electricity was indicated, each one of its forms—faradism, franklinism, or galvanism—might at one time or another possess positive value over the others.

In the great majority of cases of neuralgia where firm pressure over the affected nerves aggravated the pain, the galvanic current was indicated; if pain was not increased by pressure, the faradic current should be used. Hysterical hyperæsthesia called for the faradic current. While it was impossible in many diseases to say that a particular current was indicated to the exclusion of others, it was possible to name a variety of conditions where, as a rule, one method of treatment with one form of current was superior to others. The faradic current was indicated for its tonic effects in cases known as general debility. Not much was to be said of individual conditions which seemed to demand the faradic current alone. But few distinct organic or functional diseases in every phase of their manifestation always demanded a single form of electricity. Asthenopia accompanied by hyperæsthesia of the retina and ciliary nerves seemed to demand the faradic current alone. Galvanism was of little service for the paralysis following diphtheria. Cases were then referred to.

Galvanism was particularly indicated in special irritation or neuralgia, and in certain neuralgic sequelæ of cerebro-spinal meningitis; it was also indicated in exophthalmic goitre, and in the restoration of the senses of taste and smell, and was superior to faradism in the treatment of skin affections, the author believed it preferable in the treatment of extra-uterine pregnancy. The form of electricity indicated in chorea varied according to the general condition of the patient—central galvanism in those who were well nourished, and general faradization in those whose general condition was impaired. The same rule held in amenorrhœa. The galvanic current was more frequently indicated in dysmenorrhœa.

Franklinic electricity was less efficacious as a constitutional tonic than was general faradization properly applied, but it was a valuable supplement. The pain of muscular rheumatism was relieved by franklinism sooner and more effectually than by other methods. It acted best administered by roller. Franklinism was superior to either galvanism or faradism for relieving pain of a chronic character, confined to no special nerve-trunk, with no tender-

ness on pressure; it was also frequently most efficacious in enlarged joints of subacute and chronic rheumatism, and in facilitating absorption in chronic synovitis. It should be employed in the form of sparks. Franklinism was often superior to other forms in old contractures and in cutaneous anæsthesia. Valuable as was franklinic electricity, it had a more limited field of usefulness than dynamic. He who began with franklinism to study and practice medical electricity began at the wrong end.

DISCUSSION.

Dr. A. Jacobi coincided with most of the statements contained in Dr. Rockwell's paper. He had not had any experience with franklinic electricity. There was one class of cases of diphtheritic paralysis which proved fatal unless treated speedily and effectively. He referred to those in which there was paralysis of the respiratory muscles, the only class of cases in which he had seen a fatal termination, with the exception of a few where the muscles of deglutition were paralyzed and foreign bodies entered the respiratory passages. For these cases of paralysis of the respiratory muscles following diphtheria, the faradic current frequently repeated was often of a great deal of benefit.

Dr. L. A. Sayre said that Dr. Rockwell's paper was so complete and comprehensive an *exposé* of the matter to which it referred that he could add nothing. His experience corroborated all the statements therein contained.

Dr. Garrish fully endorsed the paper. He thought that the majority of practitioners began the use of electricity at too early a period in disease. He did not regard it as of value in the acute stage. In certain cases of drowning he had found electricity of benefit in restoring life, aided by hypodermic injections of aqua ammoniæ.

Dr. A. Jacobi thought that the statements contained in Dr. Rockwell's paper would bear him out in the inference that, in all affections of the vaso-motor system and diseases in which the trophic nerves were involved, galvanism, as a rule, was preferable. He asked Dr. Rockwell if this broad statement coincided with his views.

Dr. Rockwell replied that, as a general law, it was true, but he doubted whether it could be made absolute. For instance, take a case of facial paralysis due to cold, rheumatismal in character. One would hardly call this an affection of the vaso-motor nerves; and yet the galvanic current was the one which was most beneficial. No contractions were obtained in such a case with faradism, which came into play only later as a general tonic. He thought, however, that

the rule enunciated by Dr. Jacobi was applicable to nearly all diseases.

Dr. Jacobi thought that the exception mentioned by Dr. Rockwell might come under the general law, if we knew exactly what the condition was in these rheumatic cases. In most of them there was probably in the beginning a disorder of the circulation also.

Dr. Rockwell remarked that probably there would be to some extent. His idea was that in cases of facial paralysis the inter-muscular nerves was affected, and therefore the galvanic current was used, which acted upon these fibres altogether. It had been supposed that the faradic current caused contractions through these nerves, and hence when they were affected by the rheumatic poison this current would produce no effect whatever.

Dr. Jacobi further remarked that these cases were, as a rule, mild cases, those in which the nerve-substance itself was not affected, but the circulation, and hence a speedy recovery took place.

Dr. Mittendorf referred to his experience with electricity in ophthalmic practice. In cases of paralysis following diphtheria, much more benefit had been derived from the faradic than from the galvanic current. The indirect current was also of marked benefit in cases of intense and disagreeable pain experienced by patients with weak internal recti muscles. According to general doctrines, perhaps the galvanic current would be indicated. On the other hand, in those cases which depended upon malnutrition of the optic nerve, cases of amblyopia, due to excess of tobacco and alcohol and to the loss of blood, most benefit was derived from the galvanic current. He supposed the explanation was the influence produced upon the blood-vessels themselves, and consequently upon the nutrition.

The president remarked that in amblyopia, asthenopia, etc., he had obtained little benefit from the use of electricity, and had about abandoned its use.

Dr. W. M. Chamberlain had derived decided benefit from the use of the faradic current in Bell's paralysis, but probably without feeling that he fully understood the differential indications for its use.

The paper was further discussed by Dr. Lewis, who referred to certain cases of diphtheritic paralysis treated by electricity, and by Dr. Jacobi, who had used it in the treatment of strictures with entire satisfaction. In general, he always took pains to study the condition of nerve-degeneration, employing, after Erb, the galvanic current in cases in which there was nerve degeneration, and the faradic current when nerve-degeneration was not present.—*Ibid.*

MEDICAL SOCIETIES.—The Chicago Medical Society held its semi-monthly meeting at the Grand Pacific Hotel, February. Dr. Hollister announced that Dr. Sarah Hackett Stevenson would read the paper of the evening, on the "Illinois Training School for nurses." He regretted that the attendance of the profession was not larger, as the subject was of the highest importance to them, and he thought every physician of standing in the city should regard the beneficial effect of such an institution. He then introduced Dr. Stevenson. She said: Two years ago a request was made for the organization of a training school for nurses to a number of ladies, including the speaker, and that request brought to her recollection the celebrated school of London, which had graduated many good nurses. A little beginning was made, and the school started here. She was here now in behalf of that school, which was of interest to physicians more than any others. Yet very little had been contributed to its sustenance by that profession. The treasury needed funds, and the doctors should fill it. Since the organization of the school they had entered the county hospital, and now occupied all of the female wards, two male wards, and the children's ward. The managers had, by hard work, succeeded in raising \$26,000, had purchased a lot, and had a building in process of erection that would be completed by May next. During the past two years ninety-six had applied for admission; fifty-six had been accepted, and twenty-six retained. Those who were discovered to be unfit for nurses were discharged, and requested to seek other employment. Those retained were graduated after two years, and given a certificate for three years, and kept under the surveillance of the management. In addition to the schooling and experience given the nurses in attendance on persons afflicted with diseases of all kinds, and accidents, were given lectures upon every branch of their duties. Trained nurses were among the exigencies of the profession, and every physician should recognize the fact by owning at least one brick in the institution now being erected.

The doctor added that those who have had experience with trained nurses will have no other. Physicians above all others should encourage the school. It costs but \$10 for a membership. The expenses of the institution were \$10,000 a year, while the income from the hospital, voluntary contributions, and membership fees is but \$6000, but those who were interested had a pride in it, realized that a benefit will come, and would not let the institution go down.

The reading of the paper was received with favor,

after which several of the physicians discussed the paper.

Dr. Byford said the class of nurses usually employed were constantly undoing what the physicians did. Trained nurses were so different that he felt like he had an annex to himself when one was employed. He fully appreciated the appeal, and said the profession should assist, which he would do by putting his hand in his own pocket for the money for a membership.

Dr. Jackson seconded the motion, and added that poets were born, but nurses were trained, and they were a necessity. Too many ignorant pretenders were to be had now; such as would hang a fever thermometer on the wall or put a piece of oil silk under a poultice. Systematic teaching obtained good results.

Dr. Kiernan called attention to the fact that trained nurses took too much upon themselves at times. That the nurses who graduated from the English school mentioned by Dr. Stevenson had dominated the physicians of Guy's Hospital, and brought about a reign of terror. One of them gave a cold water bath to a case of tubercular meningitis, killing the patient, but was sustained in her procedure by the Mrs. Jellaby stripe of philanthropists who induced Tennyson to assist the nurses in their campaign against the physicians. He thought that this error should be avoided in some way, because otherwise the profession would have to continue to use the Sarey Gamp and Betsey Prig style of nurse, who stimulated their patients by dropping snuff, etc., into the food, and who were the advocates of all sorts of medical superstitions. He, however, did not believe that nurses could be made by any course of training from any sort of raw material. In a certain sense nurses had to have a predisposition to nursing, so to speak, otherwise all training was useless.

Dr. Hollister spoke of the inestimable value of a good nurse, referred to the difference to be found, and cited a number of illustrations of good and bad nurses. He added that the profession was delighted with the experiment here, and that the paper read by Dr. Stevenson should be printed and distributed to every physician in the city.

Dr. Tucker referred to the high prices of trained nurses, but Dr. Stevenson explained that, with proper support, the management would be able to furnish nurses to the poor free of charge. Mrs. Wright, Mrs. Judge Lawrence, and other ladies fully explained the manner of instructing the nurses, and the class of women accepted in the school, together with the fact that strict obedience to physician's orders was the foundation-stone.

On motion of Dr. Byford the paper of Dr. Stevenson was requested for publication and general distribution, after which the society adjourned.

MISCELLANEOUS.

FREQUENCY OF DISEASE OF THE SEXUAL ORGANS IN INSANE WOMEN.—Dr. Danillo examined 200 insane women, and found that 162, or 80 per cent were suffering from various diseases of the sexual organs. Out of 140 menstruating women, between 15 and 45 years of age, only twenty were without some uterine anomaly. Out of 60 women who had ceased menstruating, between 42 and 75 years of age, 18 were the subjects of some affection of the genital organs. Acute and chronic endometritis and metritis were most frequently observed; less frequently displacement of the uterus, dysmenorrhœa, acute and chronic ovaritis, and other diseases. The above results show that the complications of psychosis with uterine disease is a frequent occurrence, and of the greatest clinical interest.—*London Med. Record.*

IODIA AND BROMIDIA.—“Iodia, the ideal alterative,” which claims to contain (besides other ingredients) in “each fluid drachm, 5 grains iod. potas. and 3 grains phos. iron,” is found on analysis made by A. B. Lyons, M.D., and published in the *Detroit Lancet*, to contain little less than 3 grains of potassium iodide and some traces of iron in each fluid drachm.

“Bromidia,” claims to contain “in every fluid drachm 15 grains each of pure brom. potas. and purified chloral, and one eighth grain each of gen. imp. ext. cannabis ind. and hyosciam.” The results of an analysis showed that it only contained 82 grains of potassium bromide, and about 90 grains of chloral hydrate in each fluid ounce, instead of 120 grains of each, and that the cannabis indica was “non est.”

From these facts the author concludes that in these preparations (as well as in many others) “the published formula is not actually followed by the manufacturers, or the manufacturers deliberately use one formula and publish another for reasons best known to themselves.”—*Pacific Med. and Surg. Jour.*, Jan., 1883.

AWAY up in the waters of the Northern Pacific there swims what might be called the olive of the seas. The Indians call it the oolachan. It is the fattest of all fish, and from it the oil absolutely drips, an oleaginous fluid as sweet and limpid as that which

comes from the fruit of those ugly, dwarfed, and rusty-looking trees which give so little shade on the Mediterranean coasts. Perhaps, some of these days oolachan-oil will go to France and Italy and come back to us as the best salad-dressing. This fish is so fat that if a dried specimen is taken, as was shown at the United States National Museum, all that has to be done is to light the head of the oolachan, holding the tail in the fingers, and it blazes away like a spermaceti candle, giving light without smoke or smell. But the oolachan might be used as a constant food, though Dr. T. H. Bean and other explorers of the North-west coast declare that when fresh it is the sweetest of all morsels, being the ortolan, the rice or reed bird fish of the sea. But the oolochan pales before something called the "geoduck." This name alone has an inviting sound. You find the geoduck principally in Puget Sound and in the San Diego Bay though it is scattered all along the coast from San Francisco to the North. It might be a pity to call it a clam, though it belongs to that humble family, and unpoetical naturalists call it *Glycimeris generosa*. The terminal name, however, shows that the scientific person who baptized, was somewhat touched by its great merits. "I think," writes a careful observer, "that its flesh is too rich to permit of regular stuffing or gormandizing, although I ate quite heartily of it for several successive meals, and experienced no bad or disagreeable sensations afterward." When the geoduck is served it delights the eye, for one of those happy ichthyophagists who had the good luck to eat one says it looked "like a particularly plump duck." Let us suppose a huge soft clam minus the grit, and we will have an idea of what the *Glycimeris generosa* is. The method of cooking is to cut off four pounds of geoduck in slices, to roll it in meal, and to fry it. Then says a gustatory critic, "You have something like scrambled eggs, but with a flavor of its own." Why should not the geoduck be sent to us? If we have given to the West coast our shad they might return favors by sending us their geoduck for cultivation. We ought to try and propagate this prince of clams.

SYPHILIS OF THE HEART.—Only nineteen cases of this rare affection have been hitherto described. To these B. Teissier (*Annals de Derm. et de Syph.*, 2me ser. t. iii, No. 6) adds another, essentially as follows: A prostitute, 27 years of age, in the third year of syphilis, which, however, had only manifested itself in the form of buccal mucous patches, was suddenly seized with dyspnœa, followed by asphyxia and death within twenty-four hours. The autopsy showed extensive involvement of the anterior walls

of the right ventricle in its upper half, the muscular tissue of which seemed to have become entirely transformed. The thickness of the cardiac wall appeared about normal, but it seemed of a peculiar light gray color, and its consistence much firmer. Section showed numerous milk-white lentil-sized nodules, both in the cardiac walls and elsewhere. These presented a caseous appearance, but were in reality of quite firm consistence, showing no trace of softening even in the centre.

In addition to the interstitial myocarditis and the gummatous deposits, there were considerable vascular alterations in the form of peri-arteritis, endo-arteritis, etc.—*Archives of Dermatology*.

QUINIA NOT AN ABORTIFACIENT.—Dr. Otis Manson says, in the *Maryland Medical Journal*, that from an experience of forty years in the treatment of malarial fevers, he is confident that quinia not only will not produce abortion, but that when properly administered it is a preventive of this unfortunate occurrence. He says that at the commencement of his career, when he was timid in the administration of quinia, abortion was no uncommon occurrence in pregnant women attacked with the various types of periodical fever, and to whom no quinia had been given. Abortion is, according to this author, a frequent occurrence in fevers of all descriptions, and the female may consider herself fortunate in passing through the commotion of any fever without a premature expulsion of the foetus. Since he commenced to employ quinia, in liberal yet reasonable doses, in paroxysmal fevers, he has never observed abortion in patients affected with them. The author argues that it is reasonable to suppose that an agent which, when properly administered, will prevent the convulsive rigors of the cold stage, and the high febrile excitements of the exacerbation which follows, would be the best means of preventing abortion in those subject to such violent disturbing influences.

TRICHINÆ.—Notwithstanding the protests that have poured in from all quarters, the Bundesrath of Germany has passed a law regulating and substantially prohibiting the importation and sale of American pork. Considering the striking disclosures that have been made in the recent literature of research as to the parasites infecting the flesh of hogs, the adoption of such a measure by the German parliament will be scarcely received by the savants of Europe as an evidence of intelligence on the part of legislators elected by the people. It has been shown by the researches of Zundt that the *trichina spiralis* is common to hogs in all countries; less common in Germany and

France than in the United States, but indigenous to every section of Europe where the hog is cultivated as a domestic animal. The original scope of the agitation in Germany embraced American sausages and hams only, as more liable to be diseased, but it seems likely from the vague terms in which the news has been telegraphed that the bill has been extended so as to cover all pork packed in this country. The importance of the sausage industry in Germany might account for the exclusion of American sausages in deference to trade interests, and this was all that American producers expected. The German has, however, proved for once inconveniently consistent, and has carried his logical deduction to the last point. In France, a similar agitation took effect several years ago in statutory limitations as to the import and sale of American pork. But such opposition has been developed among the working classes to whom the exclusion of the product of the United States means no meat at all or meat at higher prices than they can afford, that a thorough investigation of the subject was reinstituted. Such will probably be the ultimate result in Germany.

REVIEWS.

THE SYSTEMATIC TREATMENT OF NERVE PROSTRATION AND HYSTERIA. By W. S. PLAYFAIR, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College, etc. 12mo, pp. 92. London: Smith, Elder & Co., 1883.

The same, 12mo, pp. 111. Philadelphia: Henry C. Lea's Son & Co., 1883.

The best commendation that can be bestowed upon this excellent little work is, that it was republished almost entire in the pages of this journal. As a practical, demonstrative, logical proof of the very great merits of this mode of treatment the author's testimony stands pre-eminent.

A STUDY OF THE TUMORS OF THE BLADDER, WITH ORIGINAL CONTRIBUTIONS AND DRAWINGS. By ALEX. W. STEIN, M.D., Surgeon to Charity Hospital, Genito-urinary and Venereal Division. 8vo, pp. 94. New York: William Wood & Co.

While this work has been before the profession for more than a year, it is of advantage to the author and to the profession to say that its great practical merits are not properly appreciated. With the view of again calling attention to it, this notice is welcomely given.

MEDICAL NEWS.

THE MAN WHO SWALLOWED A SPOON.—The waiter Géniscain, who swallowed the spoon four months ago in Paris, and on whom Dr. Félicet performed the operation of gastrotomy, is dead. The operation, as was stated at the time, was most successful. The spoon was taken out and the opening in the stomach stitched up again with silver wire. He was put on a rigorous diet of rum and soup, and was favorably progressing toward what was confidently expected would prove a complete recovery. Unhappily, however, some three weeks ago he was seized with a violent craving for more solid food, and, profiting by the absence of the person who was placed in charge of him, he managed to get hold of a loaf of bread and a large piece of cheese, which he ate greedily. As was to be expected, inflammation speedily declared itself, the suture came undone, and the wound re-opened. It was stitched up again; but after a little time peritonitis supervened, and he died on Sunday last at the hospital of St. Louis.—*St. James's Gazette*.

Gov. E. D. MORGAN, N. Y.—By the will of Gov. Morgan, who died February 14th, \$795,000 were left to charities. Of this sum the Woman's Hospital receives \$25,000; the Home for Incurables, \$5000; the House of Rest for Consumptives, \$5000; the Society for the Relief of Sick Poor, \$5000; the Society for the Relief of the Ruptured and Crippled, \$20,000; the Presbyterian Hospital, \$50,000; and the Manhattan Eye and Ear Hospital, \$50,000.

THE MICROSCOPE AND THE ELECTRIC LIGHT.—*Engineering* states that Mr. C. H. Stearns, F. R. M. S., recently brought an interesting application of the incandescent lamp to microscopes before the Newcastle-upon-Tyne Chemical Society. A small Swan lamp of two or three candle power is permanently attached to the microscope, and serves in place of the ordinary oil lamp, over which it has the advantage of requiring no cleaning, giving off no smell or much heat, and yielding a purer light. The great care and facility with which the lamp can be adjusted is beyond comparison with the ordinary gas or oil flame, especially when the light has to be shifted to above or below the stage for illuminating opaque or transparent objects. Condensers may also be got rid of by its use. The light of the lamp is controlled by a small resistance coil, and two or three Grove or Bessemer cells are sufficient to work it.

DR. JOHN SAGE died at Sag Harbor, February 25th, 1883, in his ninety-second year. He retired from active practice forty years ago. A large part of his time was spent in mathematical research and in experiments in his laboratory.

WINDOWS IN FRANCE.—Dr. Proust, in a paper read before the Paris Academy of Medicine, stated that there were no fewer than 219,270 houses in France without a window, in 1882.

COFFEE VERSUS ALCOHOL.—F. P. Novaes, of Rio Janeiro, says, in the *Medical Times*, that in the large cities of Brazil cafés are to be found on every hand, while saloons are few and drunkards rare. He says that all classes frequent the cafés, and he quotes Baron Theresopolis, who, in some remarks at the Geneva Congress, said that “the immigrants arriving in Brazil with a passion for alcohol gradually acquire a fondness for coffee and a distaste for liquor, and that their children, brought up on coffee, do not contract the habit.”

CHICAGO.—The fortieth Commencement of Rush College occurred on the 20th inst. The number of the graduates was one hundred and seventy nine, and there were no honorary or *ad eundem* degrees. The Faculty appeared at the Commencement in the scholars' robes of the University of London for the first time.

OBITUARY.—On February 1st, in the seventy-fourth year of his age, Professor von Sigmund. Professor von Sigmund was born in Schässburg, in 1810, received his medical education in Pesth and Vienna, and was appointed Extraordinary Professor of Syphilis in 1845, but did not obtain the full professorship until 1869. His name is well known as one of the most distinguished German syphilographers.

PARALDEHYDE: A NEW HYPNOTIC.—The actions of this drug were first studied by Dr. Cervello, of Palermo; and his experiments were made in the laboratory of Experimental Pharmacology at Strasburg, under the direction of Schmiedeberg. Professor Morselli, of the Royal Asylum of Turin, has, in conjunction with Dr. Bergesis, the assistant medical officer, made an extensive series of observations with it. Its chemical composition is, $C_6H_{12}O_3$; and it is a polymeric form of aldehyde. In physiological action it strongly resembles chloral. A dose of three grammes procures quiet and refreshing sleep for from four to seven hours. It differs from chloral in its action on the circulatory system, strengthening the heart's action, while diminishing its frequency. It has also a well-marked action on

the kidneys; greatly increasing the flow of urine. The skin is not at all affected. The drug does not give rise to digestive disturbances, to headache, or to any other unpleasant symptom. Up to the present, Professor Morselli has used paraldehyde about three hundred and fifty times. He has found it a valuable remedy in mania, melancholia, and other nervous affections, as well as in the sleeplessness that accompanies acute bronchial catarrh, lobar pneumonia, and heart diseases. He believes that it will to a large extent take the place of chloral.—*British Medical Journal*.

THE NEW YORK STATE MEDICAL SOCIETY elected the following officers: *President*.—Dr. Alexander Hutchins, Brooklyn. *Vice-President*.—Dr. H. G. H. Spencer, Watertown. *Secretary*.—Dr. William M. Smith, Syracuse. *Treasurer*.—Dr. Charles H. Porter, Albany. *Censors of the Southern District*.—Drs. J. W. S. Gonley, Austin Flint, and F. A. Castle, New York. *Eastern District*.—Drs. C. E. Nichols, M. H. Burton, and W. S. Cooper, Troy. *Middle District*.—Drs. Alonzo Churchill, S. G. Wolcott, and J. K. Chamberlayne, Utica. *Western District*.—Drs. C. C. Wyckoff, Thomas F. Rochester, and F. F. Hayes, Buffalo.

TRANSPOSITION OF THE VISCERA.—A case of this kind in a twenty-year-old boy is reported from Bloomington, Illinois. The viscera were found to be transposed on an examination for pulmonary disease being made.

THE PHILADELPHIA OBSTETRICAL SOCIETY elected the following officers for 1883. *President*.—Dr. Richard A. Cleemann. *Vice-Presidents*.—Drs. B. F. Baer and W. T. Taylor. *Secretary*.—Dr. W. H. H. Githens. *Treasurer*.—Dr. Alfred Whelen. *Librarian and Curator*.—Dr. E. E. Montgomery. *Publication Committee*.—Drs. John H. Packard, B. F. Baer, Elliott Richardson, James V. Ingham. *Councillors*.—Drs. R. P. Harris, L. D. Harlow, Wm. Goodell, T. M. Drysdale. *Library Committee*.—Drs. Horace Williams, D. M. Cheston. *Committee on Proceedings*.—Drs. A. H. Smith, E. E. Montgomery.

THE NORTH-EASTERN OHIO MEDICAL ASSOCIATION at its annual meeting at Akron, February 6th, elected the following officers for the ensuing year: *President*, Dr. J. W. Underwood, Akron; *First Vice-President*, Dr. R. A. Vance, Cleveland; *Second Vice-President*, Dr. B. P. Longhead, Windham; *Recording Secretary*, Dr. L. S. Ebright, Akron; *Corresponding Secretary*, Dr. A. K. Fouser, Akron; *Treasurer*, Dr. E. W. Howard, Akron.

DR. DAWSON HONORED.—Montreal, February 28th. Dr. Dawson, Principal of McGill College, has been elected one of the twenty honorary members of the Philosophical Society of Glasgow, Scotland.

FRAUDULENT MEDICINES.—Considerable excitement was occasioned by a discovery just made by the medical authorities of the Paris hospitals. The drug supplied as sulphate of quinine to several of those institutions turns out to have been sulphate cinchonia and sulphate cinchonidia. Proceedings have been taken against the contractor supplying the hospitals; but he protests his good faith, declaring that he supplied the quinine just as he imported it from the foreign manufacturers.

COLLATERAL HEREDITY IN SMALL-POX.—A West Chester, Pa., physician was called to see a boy with a slight chill. The mother, much relieved upon hearing the doctor's diagnosis, said she had feared her boy had the small-pox. The doctor thereupon inquired whether the boy had been where small-pox was, when she replied, "No, he hasn't been where small-pox was, but he was playing with a boy whose cousin had the small-pox." The doctor asked if the second boy had been with his cousin, but was told no, he had never seen him. The mother thought the disease might be in the family.

DR. J. MARION SIMS.—The many friends of this gentleman will be sorry to learn that in the recent failure of Gilbert L. Crowell of this city he lost \$6000. From a letter just received, it is a pleasure to say that he is entirely well, and will return in August.

THE Board of Health of Pensacola has been indicted by the grand jury as guilty of neglect in not taking the proper steps to prevent the importation of yellow fever into Pensacola last year, in not taking proper measures to stamp it out after it appeared, and in having an incompetent physician in charge of the quarantine.

VACCINATION ACCIDENTS.—A woman in Crawfordsville, Ohio, accidentally touched a sore spot on her lip with a finger on which there was a small amount of vaccine virus. Her face and neck began swelling, and her condition was at first critical. A man in Colfax sauntered into one of the drug-stores there and seeing some vaccine points on the counter mistook them for toothpicks, and proceeded to utilize one of them as such. His mouth became very sore, and it was feared that the consequences of this unusual method of vaccination would prove serious. There

were numerous abscesses in both cases, but no ultimate deformity.

THE MAD-STONE.—A Kansas man, whose little son had been bitten by a supposed mad dog, lately tried upon the wound a mad stone in possession of a physician at Metamora. Several applications were made without effect, of course, except on the mind of the boy's father, who was much relieved.

FEVER SUPERSTITIONS.—A young lady from Indianapolis recently remarked that neither she nor any of her family ever had fever of any kind. Being asked how she and her family were so fortunate as to avoid the malady, she replied that they all believed in sympathy. When further asked what she meant, she eyed her questioner disdainfully, and said, "Why, we all eat an apple before rising from bed on Easter morning. Every one of us."

AMERICAN PORK.—At the last meeting of the French Academy of Sciences, M. Bouley, in presenting a work by M. Joannes Chatin on trichinosis, stated that the work had converted him to the opinion that France ought to devote her energies to the production of pork sufficient for the home demand, and absolutely prohibit importations of American pork, which, he said, almost invariably contains trichinæ, and is nourished on "unnamable débris."—*Lancet*.

NOTE.—And yet in America, where 50,000,000 habitually use pork, a case of trichinosis is rare.—E. S. G.

DIED, in the fifty-sixth year of his age, Professor Carl von Hecker. Professor Von Hecker was born in Berlin on May 8th, 1827, received his medical education in Berlin and Heidelberg; after serving in the army during the Schleswig-Holstein war, he removed to Vienna in 1850, where he studied gynecology and obstetrics, and on his return to Berlin was made assistant to Von Busch, at the obstetrical clinic. In 1858 he was called to Marburg to the chair of obstetrics, as successor to Hüter, though he was soon afterward called to Munich, to the professorship of obstetrics, a position which he occupied up to his death. His communications to the literature of gynecology and midwifery are numerous and valuable.—*Medical News*.

THE distinguished Russian pathologist, Dr. Botkin, has made the startling discovery that some onions that were eaten by a Russian family contained a parasitic animal hitherto unknown, and resembling the *trichina spiralis* so much that he has called it *trichina contorta*. The three persons who ate of

these onions as ingredients of a cooked dish became very ill, and within a few hours hallucinations and delirium supervened, with other typhoid symptoms. The professor succeeded in saving their life, and then proceeded to experiment with the newly-discovered animals. He found that a single one of them introduced into a cat, dog, or rabbit, in a short time produced the symptoms of a dangerous disease.

EDITORIAL.

OLIVER WENDELL HOLMES, M.D.—As an expression of appreciation of the honor that Dr. Oliver Wendell Holmes has won for American medical and general literature, during the past forty years, a complimentary dinner is to be given to him at Delmonico's, April 12th, by the medical profession of this city.

Dr. T. Gaillard Thomas is chairman of a committee of thirty representative men of all the different interests and sections of the profession, which insures a perfect success, not only as to numbers, but as regards the entertainment in all respects, as the gentlemen who are to respond to the toasts are the most distinguished in their respective professions for their wit and eloquence on such public occasions.

The tickets for the dinner are to be ten dollars each, and those wishing to secure them should apply to either of the following gentlemen: Drs. E. G. Loring, F. R. Sturgis, John G. Curtis, George G. Wheelock, and Paul F. Munde, the committee who have this in charge.

To prevent disappointment, it is absolutely necessary to apply as early as possible, as the number who wish to be at the dinner is likely to exceed the capacity of the dining-hall. Tickets cannot be obtained after April 1st.

THE HARVARD VETERINARY SCHOOL.—The *Springfield Republican* says: Harvard issues a prospectus for a veterinary school, to open this year. It is to give a three years' course of instruction, and has a considerable staff of professors, among them Dr. Charles P. Lyman, very favorably known in this city. The prospectus bears the seal of the college, with its inscription, *Christo et ecclesiae*—"for Christ and the church"! If Harvard can introduce Christianity into the horse business, disbelief in miracles will be at an end.

NOBLE ADVICE.—The best thing to give to your enemy is forgiveness; to an opponent, tolerance; to a friend, your heart; to your child, a good ex-

ample; to a father, deference; to your mother, conduct that will make her proud of you; to yourself, respect; to all men, charity.—*Mrs. Balfour.*

WHAT men want is not talent, it is purpose; in other words, not the power to achieve, but will to labor. I believe that labor, judiciously and continuously applied, becomes genius.—*Lytton.*

ARSENIC POISONING.—(*Chemical News.*) From experiments on eight dogs, Dr. E. Ludwig concludes that in all cases, whether of acute or chronic poisoning, the liver is the organ richest in arsenic. The liver was found to contain nearly seventeen times as much of the poison as the brain. To this the observations on men poisoned by arsenic lent strength. In a typical case of acute poisoning the brain contained, per 100 grammes, 0.00004 gramme; the liver, per 100 grammes, 0.00338 gramme of arsenic. It would therefore appear that the liver should always be examined in judicial cases.

COFFEE IN TYPHOID FEVER.—(*Medical Times and Gazette.*) In the early stages of typhoid fever, Dr. Guillassee, of the French Navy, has administered coffee with marked success. Three teaspoonfuls are given adults every two hours, alternating with one or two teaspoonfuls of claret or Burgundy wine. A beneficial result is immediately apparent. A little lemonade or citrate of magnesia is also administered daily, and after some time quinine is recommended.

EUCALYPTUS IN BALDNESS.—(*Druggist.*) A California physician claims that the juice from eucalyptus leaves has induced the hair to grow on his bald head. He was in the habit of pounding to a pulp the leaves, which he applied to his head for the cure of headache, and was surprised to find a new and abundant crop of hair commence to grow.

NIGHT LIGHTS IN BEDROOMS.—(*Medical Record.*) The common practice of having night lights in the bedrooms of children of well-to-do parents is deprecated by Dr. Robert H. Bakewell. He says that it has a most injurious effect upon the nervous system of young children. "Instead of the perfect rest the optic nerves ought to have, and which nature provides for by the darkness of the night, these nerves are perpetually stimulated, and, of course, the brain and the rest of the nervous system suffer. Children thus brought up are excessively timid for years after on going into the dark."

CHLOROFORMING DURING SLEEP.—The possibility of chloroforming a person asleep, without waking him,

having been disputed in a recent murder trial, Dr. J. V. Quimby, Jersey City, was led to test the question experimentally. Dr. Quimby made arrangements with a gentleman to enter his room when he was asleep and apply chloroform to him. This he did with entire success, transferring the person from natural to artificial sleep without arousing him. He used about three drachms of Squibb's chloroform, and occupied about seven minutes in the operation. The second case was a boy of 13, who had refused to take ether for a minor operation. Dr. Quimby advised the mother to give the boy a light supper, and put him to bed. She did so, and Dr. Quimby, calling when the boy was asleep, administered the chloroform and performed the operation without awakening the boy. The third case was a boy of 10 years, suffering from an abscess, and the same course was pursued with equal success. Two important inferences may be drawn from these cases. Minor surgical operations may be done with perfect safety and much more pleasantly than in the ordinary way; and secondly, a person somewhat skilled in the use of chloroform may enter a sleeping apartment and administer chloroform with evil intentions while a person is asleep. Hence the use of the drug in the hands of a criminal may become an effective instrument in the accomplishment of his nefarious designs.

REFORM IN HOSPITAL BUILDINGS.—Dr. Baker advocates the system substantially in use in the United States army in the erection of post hospitals, which are usually wooden structures, two stories high, mounted on piles, driven so as to give free passage of air underneath. Structures of this kind, capable of accommodating from forty to fifty patients, can be equipped at small cost by the authorities of any country town, and would prevent a great deal of suffering among the poorer classes. Two hundred and fifty such buildings have been erected in Great Britain.

FALSE HAIR.—Attention is called by the *Lancet* to the danger of the trade in false hair. It seems that the demand exceeds the supply. Europeans will not sell their hair or have not enough to sell. Dealers, therefore, go for the material to Asia Minor, India, China, and Japan. But the hair to be had there is mostly black, and to fit it for the Western market it is first boiled in dilute nitric acid to deprive it of its original color, and it is then dyed to suit the fashion of the time. This operation has been found to give rise to severe coughs, bronchitis, and other complaints, as the workmen breathe the

nitrous vapors which escape from the caldrons. The *Lancet* strongly objects to hair-dressers indulging in amateur dabbling with dangerous chemicals, especially nitric acid.

AIR-TIGHT COFFINS.—A novel, if not very practical, way of disposing of the dead, so that the remains will not tend to imperil the existence of the living, has been brought forward by Dr. A. Mayer, (*Chemical News*). He advises the adoption of solid glass coffins, which, after the introduction of the corpse, are to be closed air tight with cement. Two holes are in the coffin. Through one of them carbonic acid is forced, and by the other the atmospheric air escapes. When all the ordinary air is driven out, the holes are closed.

HOMŒOPATHY IN RUSSIA.—The *Official Messenger*, the organ of the Russian Government, issued in St. Petersburg, publishes a decision of the Medical Council of that city, to the effect that the homœopathic treatment of diphtheria is misleading and dangerous. It had been given a fair trial in the hospitals.

ENGLISH MEDICAL BOOKS.—The *Medical Times and Gazette* gives one hundred and nineteen as the number of books published during the past year, in England, on medicine, and fifty eight on surgery; this includes new editions of old books.

ACONITIN.—This is much extolled by certain neurologists, notably Dr. Seguin, as an agent of value in neuroses. An agent of such power should be very reliable; but, according to Dr. Squibb (*Ephemeris*), this is not the case with aconitin. In April, 1880, Dr. Meyer of Winschoten died from a dose of about 3 or 4 milligrams (.045 to .060 gr.) of aconitin nitrate, the preparation of Petit of Paris having been substituted for that of Friedlander, which was intended to be used. The aconitin nitrate of Petit was in white, hard crystals, soluble with difficulty in cold water. That of Friedlander was a hard, gumlike mass, grayish-white in color, and easily soluble in cold water. The chemists Huizinga and Plugge, who examined the body of Dr. Meyer, were unable to prove the presence of aconitin conclusively, either by chemical reagents or by the physiological test on pigeons.

The aconitins of different makers all differ in strength, and it is even unsafe to assume, as has been done, that the "Aconitinum Germanicum" is always the same. It was thought at first that the poisoning occurred from the aconitin nitrate of Duquesnel, but this was a mistake, and to judge from the experiments of Anrep and Plugge, the preparation of

Petit is weaker than that of Duquesnel, though that of Petit is at least 8 times stronger than that of Merck, while that of Merck is 20 to 30 times stronger than that of Friedlander. It is also stated on the authority of Dragendorff, that, the same method of preparation being used, a more or less active preparation will be obtained from the longer or shorter exposure to the action of the base used in the precipitation. Gubler, in 1872, in his commentary on the "Codex Medicamentarius," says that pharmaceutical preparations properly made from the aconitum napellus are much more uniform in strength than aconitin or its salts, and that as the former are used in larger quantities there is a greater difference between the medicinal and the fatal dose. The German chemists did not obtain such positive results as did the chemists who examined for aconite in the Lamson case. It is probable that the former were candid, while the latter were enthusiastic; but enthusiasm is out of place as an influence in an exact science. It is clear that conscientious practitioners will do well to leave aconitin severely alone, and continue to rely on the old preparations.

FOREIGN BODIES IN THE BRAIN.—In an autopsy on a patient dying in one of the Vienna hospitals, it was found that he had had in his brain an iron nail covered with rust, which to all appearances must have been there since early childhood. The man was about forty-five years of age, a bookbinder, and always passed for intelligent. Negative popular evidence is of little value. The man at irregular intervals had epileptic attacks, and post-epileptic mental phenomena while in the hospital.

HIGH WATER AND CHOLERA.—Dr. Ludeking, clerk of the Board of Health of St. Louis, has found that cholera ravaged that city in 1849 and in 1866, and was each time preceded by very high water in the Mississippi. As another seventeen years has passed, and the premonitory high water is at hand, he will not be astonished if the disease becomes epidemic again next summer. It must be added, he says, that before the cholera made its appearance in the West it each time visited Asia, and thus far Asia is uncommonly free from it. The latter statement, sad to say, is not true, judging from recent accounts.

PETROLEUM IN DIPHTHERIA.—At a time when diphtheria was regarded as scarlet fever without eruption, a nostrum called seneca oil, which was simple, crude petroleum, was at times found useful in its treatment. The use of petroleum in diphtheria has again been revived in France, and Dr. Lamorre has lately used it topically, with good results, in diphtheria. Dr.

Archambault has, in the Children's Hospital, had no effect from it. In two severe cases it was used: one died, and the other recovered. The case which recovered was albuminuric. Petroleum is a rapid solvent of the false membranes, and should have distinct advantages under such circumstances. This fact, coupled with its antiseptic properties, renders it a promising remedy.

HYPERIDROSIS OF THE HANDS AND FEET.—Naphthol has been recommended (*Druggist*) as an effective remedy against excessive sweating of the palms, foot-soles, and axillar. These places should be moistened once or twice daily with a mixture of naphthol 5 parts, glycerine 10 parts, and alcohol 100 parts, and afterward dusted, either with pure starch or with a mixture of naphthol 2 parts, starch 100 parts. In case of sweating feet, small pellets of antiseptic cotton should be dipped in the powder and placed between the toes.

PHARMACOPŒIAL ERRORS.—"A Beginner" asks *The Druggist* why the new Pharmacopœia, in making collodion, directs putting the ether in a tarred bottle? The direction of the new Pharmacopœia of preparing collodion in a "tarred" bottle does appear a little unusual. The "tar" existed in the vivid imagination of the compositor only, and all the committee expects is first to determine the "tare" of the bottle before weighing into it the different ingredients. The language of the Pharmacopœia is not model English, and is in many places calculated to puzzle that sapient individual, "the intelligent compositor."

ERYSIPELAS MICROCOCCI.—Fehleison (*Lancet*, Nov. 4, 1882) has found that in erysipelas micrococci are constantly present in the lymphatic vessels of the skin. When cultivated in gelatine prepared by Koch's method they grew rapidly, and the fourth generation was capable of producing the disease when injected beneath the skin of human beings.

NAPHTHALIN.—It appears that in Strasburg (*British Medical Journal*) this has been used for dressing wounds as an antiseptic, all animal or vegetable micro-organisms being destroyed by it, while neither wounded surfaces nor the healthy structures around them are in the least irritated. It has also been used for the disinfection of sick-rooms and closets, as a parasiticide in certain skin diseases, and as an inhalation in infectious diseases like diphtheria. The crystals have the disadvantage of cutting the flesh by their sharp edges, when applied to the wounds. Naphthalin is soluble in various fixed oils, in cold ether and in warm alcohol, but not in dilute acids or alkalis.

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ORIGINAL ABSTRACTS.

GONORRHOÆAL BACTERIA.—Neisser some time ago found bacteria capable of producing gonorrhœa in healthy persons. They are found only in pus cells ; this distinguishes them from other bacteria. Leistikow (*Berliner Klinische Wochenschrift*, No. 32, 1882) claims that they occur only in gonorrhœal urethritis and conjunctivitis, and are never found in other urethral and conjunctival secretions. In the inflammatory stage they are fewer than in the gleet stage. Corrosive sublimate is the best means of destroying them, and Dr. Leistikow advises a one to two thousand or three thousand solution of this as the best means of treatment of gonorrhœa. The treatment should be used for some days after the disappearance of all bacteria.

QUININE AND POTASSIUM CHLORATE IN MALARIA.—Dr. Baldini Grado Africa (*Medicinische-Chirurgische Rundschau*, December, 1882) claims that he has cut short seventy cases of intermittent fever by the use of these remedies. He gives twenty to thirty grains of quinine sulphate, with fifteen grains of potassium chlorate at a single dose.

TRICHLOROPHENOL AS A DISINFECTANT.—Dianin (*St. Petersburger Medicinische Wochenschrift*, No. 38, 1882) finds that this product, resulting from the interaction of carbolic acid and chloride of lime, has the following properties : First, it is twenty-five times as powerful a disinfectant as carbolic acid ; second, very minute quantities check all fermentation ; third, it is a better disinfectant than all other substances usually so employed ; fourth, as a solid it is very slightly irritating to the tissues, in solution not at all ; fifth, it is very useful in chancroid, diphtheria, etc. ; sixth, it can be prepared by the physician for his own use ; seventh, its salts have the same properties as itself ; the sodium salt is inodorous ; eighth, it deodorizes as well as disinfects ;

its own odor can be disguised with lavender ; ninth, the calcium salt is cheaper than carbolic acid.

WASHING OUT OF THE PERITONEUM.—Dr. Bompiani (*Annali di Ostet e Ginecologia*, 1882), after having called attention to the fact that the continuous use of disinfectant intra-uterine injections are in some cases insufficient, because of the formation in the peritoneum of a purulent exudation, proposes to wash out the peritoneum by means of two lateral declining openings. These would permit the passage of drains, one extremity of which would be in the retro-uterine cul de sac. Continuous injections should then be made. The results of Dr. Bompiani's experiments on the cadaver would seem to show that the procedure might have good results.

TEMPORARY BLINDNESS FROM CARBOLIC ACID POISONING.—Dr. A. Nieden Bochum (*Berliner Klinische Wochenschrift*, No. 49, 1882) reports a case in which, on the pleural cavity being washed out in a case of empyema, with a three per cent carbolic acid solution, sudden temporary coma, followed by sudden blindness, occurred.

CURE OF TABES DORSALIS.—Dr. Eulenburg (*Berliner Klinische Wochenschrift*, Nos. 1 and 2, 1883) reports three cases of locomotor ataxia, in which an apparent recovery occurred in locomotor ataxia, persisting at last accounts for from five to ten years ; one was treated with nitrate of silver, and two with galvanism and lukewarm baths.

CIRCULAR INSANITY.—Pick (*Neurologisches Centralblatt*, Feb. 1, 1883) calls attention to the fact that Wigan ("Duality of the Mind," 1844, p. 287) described very clearly a case of cyclothymia (of Kahlbaum), folie circulaire (circular insanity). The case was a young man, whose disease assumed the character of periodicity. There was a kind of cycle, beginning with intense despondency, passing on to composure, to cheerfulness, hilarity, boisterous

gayety, violent and convulsive mirth, extravagant volubility and wit, gross and monstrous obscenity, and thence into the most furious mania. This gradually subsided into melancholy, left him two or three weeks in tranquillity, and then went again its miserable round.

LEAD PALSY OF THE EXTREMITIES.—Dr. Remack (*Neurologisches Centralblatt*) believes, contrary to the general opinion on this subject, that there is no regular type of lead paralysis of the inferior extremities.

PATHOLOGICAL ANATOMY OF TETANUS.—As might have been expected, *à priori*, Schultze (*Neurologisches Centralblatt*) has, after a very careful gross and microscopical examination of four patients dying from tetanus, failed to find any changes in the spinal cord or brain, or the meninges. These results are opposed to those of Amidon and Benedikt, but in accord with those of Spitzka, Meynert, and others. Benedikt and Amidon erroneously regarded secondary lesions as the cause of the disease. The alterations of tetanus are bio-chemical in character, due to the impalpable chemical changes going on during disease, and unless violent secondary changes occur, undemonstrable by scalpel and microscope. The older physicians, who had a little more common-sense than many of their modern finical critics, called these changes functional, and what they meant by functional is much better and more correctly expressed by bio-chemical.

RHABDOMYOMA ORBITÆ.—Tumors containing striated muscular fibre are very rare, and Dr. S. Bayer (*Nordiskt Mediciniskt Arkiv, Band XIV.*) has been able to find but five reported in the literature; thirteen, if macroglossia be regarded as one of them. He therefore reports a case of this variety as being of interest, from its furnishing material for a theory of the muscular neoplasms. The tumor was extirpated from a thirteen-year-old boy. The history, obtained two months previous to the operation, showed that it had penetrated between the eyeball and the lower lid, pressing the eyeball from above downward. The tumor was ovoid, about one and two thirds inches long by one inch broad, and three quarters of an inch thick, well-defined, except at its inferior surface and anterior border. In its section and consistency it resembled a fibrous tumor. On microscopic examination the tumor was found to be composed of muscular fibre for the most part, striated longitudinally and transversely. The striæ either locked against each other, and formed bundles arranged in different ways, or sparsely scattered in an

intermediate substance rich in nuclei. On the muscular fibres even, there are to be observed oblong nuclei surrounded by a granular protoplasm, the exterior layer of which often becomes homogeneous and forms a sarcolemma. The origin of this tumor seems, in Dr. Bayer's opinion, to be due to the presence of fœtal muscular elements remaining at the bottom of the orbit at the time of birth, and later developing into a neoplasm.

RARE SHOULDER LUXATIONS.—Dr. L. Meyer (*Nordiskt Mediciniskt Arkiv, Band XIV.*) reports three comparatively rare luxations of the shoulder. The first case was that of a sixty-two-year-old female celibate. Eight days previous to her entrance to the hospital she had an epileptic attack, on recovery from which she noticed that her left arm was fixed in the same peculiar position it had when she entered the hospital. She was obliged the day after to enter the hospital by reason of severe pain. She presented all the phenomena characteristic of subglenoid luxation, but not only was there very pronounced abduction, the arm, besides, was carried directly upward and raised almost vertically. The forearm was flexed at the elbow, the hand bent on the head. This was an example of the rare variety of shoulder luxation designated by Middeldorpf in 1859 as *luxatio humeri erecta*. Immediately after entrance into the hospital the patient was anæsthetized, and reduction easily effected by abduction, and extension followed by adduction. There remained, however, a paralysis of the nerves of the brachial plexus, which did yield to electrical treatment, and was attributable to the eight days duration of the luxation. The second case was identical, except that the reduction was made with more ease, and there were no sequelæ. The third case was that of a woman who, on the day of her entrance into the hospital, had been walking in the street balancing two vessels filled with water on her hands, when she fell on her back in such a way that her hands were violently thrown behind her. She felt very sharp pain, especially on the right side. On being disrobed, there was found a luxation of both shoulders of the same variety; subcoracoid. The reduction was easily made under chloroform.

MURDER OR SUICIDE BY HANGING.—Dr. Hjamar Hiesberg (*Nordiskt Mediciniskt Arkiv, Band XIV.*) reports the following case: A young girl, pregnant, and expecting delivery at an early day, was found hanging to a tree September 22, 1879. The body did not hang free, but obliquely, the feet upon the ground and the head about two feet seven inches

from the ground. The face was turned down. It was shown that the death had taken place on Sunday, September 21, between six and seven o'clock in the evening, the time at which she was returning to the family with whom she was to stay during confinement.

The case was at first regarded as one of suicide, but suspicions grew that such was not the case, and this led to an inquest. The body was exhumed, and an autopsy made on January 30, 1880. The autopsy showed a blue mark along the border of the lower jaw, and another below the larynx, but these were of little value from a forensic standpoint. The most important indication was found in a denudation on the branch around which the cord had been passed. The bark had been removed, so that the wood was exposed in a saddle shape. The denudation was not perpendicular, but oblique, forming an angle of 40° to the vertical. The edge of the denudation was cut clean, but it was observed that a number of bark fibres presented an oblique direction, as if the body had been raised with the cord above the branch from west to east.

Right before the denudation there was found upon the branch a cluster of smaller branches, completely cut off, preventing the cord from slipping. The cord had a length of 8 feet 10 in. The branch was raised 7 feet 2 in. Above the ground, but much nearer the ground, was a shorter branch, on which it was possible to stand so as to throw the cord over the large branch. The cord was knotted around this last with a simple loop. It was only necessary to draw lightly on the end of the cord and the body fell upon the ground. This operation therefore could not produce such a rubbing on the branch. In order to form a more certain opinion upon the case, the following year at the same season different experiments of simulated hanging were made, viz. : An adult person having a cord passed around his thorax was hoisted up upon a branch in an oblique direction, which resulted in an abrasion or mark like that on the original branch. A person was suspended in the position in which the body was found and allowed to descend rapidly, the cord being fixed by a simple knot around the branch, which produced only a very superficial decortication. A man threw himself into a cord previously passed around a branch and fastened by a long slip-knot made below which would necessarily slip up to the branch upon the fall of the body, and consequently erode the bark. In one trial thus made the bark was cut a little deeper, but the man was obliged to throw himself twice into the slip-knot, as at the first trial this did not quite go up to the branch. Three other attempts produced only a slight decortication.

The report, based essentially upon the condition of the branch, claims, on the supposition that the denudation had not undergone any modification after the descent of the body, that the oblique direction and depth of the denudation, as well as the obliquity of the fibres of bark mentioned, and finally the situation of the groove right against the little branches, render it almost certain that a crime had been committed. It is probable that the murderer had at first smothered his victim in some way or other, and then had hoisted up the dead body in the direction indicated by the position of the filaments of bark. Dr. Hiesberg recommends that in medico-legal cases due attention be paid to the mark left by the cord by which the body is found hung to a tree, as this will doubtless often suffice to settle whether hanging is homicidal or suicidal.

CATARACT STATISTICS.—Dr. M. K. Löwegren (*Nordiskt Medicinskt Arkiv*, Band XIV., No. 25) reports the results of three hundred and ten cataract operations. Of these, two hundred and twenty two were performed by Gräfe's operation, and of these only does Dr. Löwegren give details. In general the rules given by Gräfe were vigorously followed, but Dr. Löwegren does not adhere very strongly to the linear or eccentric incision. He cuts the iris by one or two incisions, parting the external angle of the wound, and using sufficient force to give a suitable extent to incision of the capsule for delivery of the cataract pressure on the lower portion of the cornea. Sturzmanœuvre of Gräfe has most often succeeded. He has a strong belief in the necessity of cleansing the eye, and believes it better to use all necessary means to this end than to allow cataract débris, clots, and other fragments to remain in the wound. He examines the eye when forty-eight hours have elapsed after the operation, unless a more immediate examination be indicated. He changes the dressing two or three times on the day of the operation, and twice every day thereafter in normal cases. Atropine is instilled in iritic cases. Anæsthesia is rarely employed. Cataracts are divided by him in two classes: complicated and uncomplicated. The complications are not only grave optic lesions, choroiditis, pupilar occlusion, sychisis, advanced myopia, etc., but also diseases of the conjunctivæ and lachrymal apparatus, leucomata, spots on the cornea, and constitutional conditions, like alcoholism, diabetes, etc. He divides his results into three categories: First, those in No. 1 to 10 Jäger can be read; second, those who can read a larger type, count their fingers, or guide themselves; third, those in which there is no result. In the definite results are counted those ob-

tained after auxiliary operations. The number of simple cataracts operated on by Gräfe's method was one hundred and seventy-nine. The first group contained one hundred and fifty-five cases, the second seventeen, and the third seven. Of the first group, ninety-six can read No. 1 to 3 Jäger; forty-seven, Nos. 4 and 7; and twelve, Nos. 8 and 10. Auxiliary operations were four cases of discision, two cases of simple linear extraction, one case each of iridectomy and iridotomy. In the second group, six iridectomies, one iridotomy, and one extraction of secondary cataract. The results were that in five cases larger characters than 10 Jäger could be read; nine cases could count their fingers at a greater or lesser distance; three patients would not submit to auxiliary operations. In four cases extraction of the lens and capsule in toto were made. The result was good in three cases, and medium in one. Iritis of a benign type was frequent. The complicated cases did not yield first-class results. The results were good: in three cases complicated by chronic trachoma; in three cases of cataracta accreta; in two cases of advanced myopia, and in one case of leucoma corneæ. Medium results were obtained in three cases, each complicated by trachoma and leucoma; in two cases each of cataracta accreta and synchysis; in one case of divergent strabismus with amblyopia. Panophthalmitis destroyed seven eyes, four of which belonged to diabetics. This complication is the most serious. The results in five cases were all bad. The antiseptic method strictly so-called was not used, but the instruments and face of the patient were disinfected. The statistics of cataract extraction show constant improvement. Good results in 1870-73 were had in 81.3 per cent of the cases; in 1873-77, in 83.9 per cent; in 1877-80, in 94.8 per cent.

ORIGINAL ARTICLES.

MERCURY. ITS CHEMISTRY AND THERAPEUTICS.
By S. V. CLEVENGER, M.D., Chicago, Ill.

CALOMEL.—Adopting Schmidt's* analysis of pancreatic juice, I found that it required 21 grams (323 grs.) of the officinal hydrochloric acid to neutralize 143 grams (2200 grs.) of this artificial pancreatic juice. The proportion was as 1 to 7. One part of hydrochloric acid will neutralize one and one half parts of potassium hydrate. Then the alkalinity of pancreatic juice is to potassium hydrate as 7 to 1.5, or it requires 4.6 times as much pancreatic juice

as caustic potash to neutralize the same weight of muriatic acid. Schmidt's quantities being parts of 1000, I am thus enabled to place the alkalimetry of pancreatic juice at 4.6 parts per 1000, which agrees remarkably with Matteucci's estimate of the lymph and chyle alkalinity being equivalent to 4.3 parts per 1000, in terms of potassium hydrate. Bidder and Schmidt estimated the amount of pancreatic fluid daily secreted by man as 7 ounces (224 grams). This is equivalent to 10 grams (154 gr.) of potassium hydrate and sufficient to reduce 42 grams (647 gr.) of calomel into black oxide of mercury. At least it is safe to presume that an ordinary dose of calomel is converted into black oxide of mercury as soon as it encounters the pancreatic fluid.

Black oxide of mercury is one of the most unstable compounds; at bodily heat it will yield oxygen and readily be converted into metallic mercury in the presence of deoxidizing substances. Liver sugar, or the glucose formed by pancreatic juice acting upon starchy matter, is quite sufficient to convert the black oxide into metallic mercury, by deprivation of oxygen at bodily temperature.*

At this stage it might be expected that calomel would act the same as blue mass, and generally speaking this is true, though the liberation of the small amount of chlorine and formation of chlorides of sodium and potassium would of itself accelerate glandular action in the gastro-enteric vicinity. The globules released from calomel average smaller than those in pill mass, though many of the spheres are quite as large.

Parrish claims that "long trituration of calomel increases its power to salivate." This pulverization may cause the liberated globules to be more widely distributed in the alimentary canal and hence prevent any tendency of the lesser globules to form larger ones. In the finer divided state the metal would be able to act more rapidly through the circulation. At 10 A.M., to a chicken weighing four and a half pounds, eighteen months old, I gave five grains of calomel. At noon it was sick and very thirsty; 9 P.M. I blew ten grains more calomel into its pharynx, and at 10 o'clock P.M. killed it. It ejected four ounces of water from its mouth, mixed with the last dose of calomel I had given it, and I recognized black oxide crystals in this liquid which apparently formed above the crop. I did not expect conversion to occur at this point, but it indicated the general tendency of mercurials toward decomposition everywhere in the body instead of a formation of higher salts. The fæces contained

* "Annalen der Chemie und Pharmacie," 1804, XCII., p. 33.

* "Pharmacy," p. 290.

mercury globules. Mercury was distinguishable by the microscope in three out of five parts of the chicken's blood; traces of calomel and black oxide were discernible in the proventriculus and gizzard; a few crystals of the black oxide with a great many globules of the metal were found in the upper intestine, with only metal lower down; the liver contained the metal, while the mesenteries held unmistakably large quantities of the globules, ranging downward in size from those usually found in blue mass. The liver globules were small, while those in the mesenteries were large.

Frequently repeated, small doses of calomel impress the general system better since they allow reduction and absorption to occur at intervals, insuring complete reduction and absorption, and widespread dissemination through circulatory channels. This is no less true of the mercurials in general.

BLUE MASS.—Under a three-quarter-inch objective, magnifying seventy diameters, I placed the web of a frog's foot, and acquainted myself as thoroughly as possible with the peculiarities of its blood-vessels, pigment granules, appearances by reflected and transmitted light, and then gave the frog five grains of blue mass. Twenty-four hours afterward I examined the frog, and found little globules of mercury mingled with the mucus excreted from its skin. Brushing these off, I placed its feet again under the same lens, and found blood-vessels choked with metallic mercury; aneurismal and varicose pouches were distended with mercury, and a great number of the so-called pigment granules had changed to a yellow metallic lustre; these spots reflected the light as would mercury, when examined by direct rays. As many as twenty of these lacunæ, or star-shaped bodies could be counted between two toes, and altogether there were about a hundred on each foot. The close resemblance between the lacunæ thus injected, and the Stricker description of the lymphatic sacs in the course of the lymphatics of the frog, led me to believe, at Dr. Lester Curtis's suggestion, that I had observed mercury in the lymphatic channels of the frog. Two little tubules choked with mercury presented a singular phenomenon. Under the power used these tubes appeared blind, but a little globule of unmistakable mercury lay upon the surface of the web at the outer end of one of the tubes. Watching this globule intently for ten minutes, it suddenly increased in size, and the tube collapsed, having emptied its mercurial contents outward. The globule thus formed was twice as large as the characteristic blue mass globule, and was easily removed from the web by a camel's-hair pencil. The other similar tube was more curved, and at its outer end had

two such globules, both of which increased slowly in size, and in half an hour had grown very large at the expense of the tubular contents, the tube disappearing as did the first mentioned. Nowhere could I see anything like foreign particles *circulating* in the blood. The white and red blood corpuscles were distinctly visible, but in one capillary I found a small dark particle gradually accumulating similar particles near it; these I suspected were minute mercury globules; they accumulated against the current, and the blood passed around them freely; suddenly the down stream end of the mass broke away and apparently washed away in the blood out of sight. This was repeated several times while the mass, in this way, was proceeding up stream. While exchanging objectives for a higher power, the capillary cleared up. In one vein I observed plainly a large globule of mercury lying motionless, while the blood corpuscles beat against it with as little effect as water would have against a great stone in a brook; the corpuscles changed positions to pass it in the vessel, but slid by as rapidly as ever. Some of the exuded mercury globules on the web enabled me to obtain good comparative measurements. Six of these metallic spheres lay on the surface, just over one of the smallest capillaries. The six together measured the diameter of the capillary, and could easily have passed through this blood-vessel abreast.

I repeated the experiment on a smaller frog by anointing the chin, axillæ, and thorax with Squibb's mercury of oleate, with the same result, only the large-sized globules were not so numerous. To a third (large-sized) frog I gave ten grains of blue mass, and as much blue ointment. I kept him in a glass jar, to be sure he did not eject the pellets, and in this case, twenty-four hours after, found the lymphatic sacs engorged, but blood circulation undisturbed. In all the frogs so treated, where unavoidable lacerations of their feet had occurred in manipulating, there oozed from the torn edges minute globules of mercury. The last frog shed his skin in three days after the dose, but otherwise none of them underwent any apparent change in health or vigor. The skin I think must have afforded the main means of exit for the metal. There is not a fragment, however small, of this discarded cuticle which did not exhibit plainly the metallic globules attached to it in great numbers; many hundred microscopic slides might be mounted with the skin from this frog alone, and every slide will reveal fifty or more globules. In the dissecting room of Bennett Eclectic College of this city, a cadaver was exhibited to the students, the skin of which was so covered with mercury that an ordinary pocket magnifier re-

vealed the countless globules. Dissecting the frog last mentioned, I found the stomach coated with the globules, but ten days having elapsed since the dose, no mercury was found between the intestines and the skin except in the dermis, but very probably in the liver. This organ was apparently choked with sacculations of an opaque substance, which at first Mr. E. B. Stuart and I took to be pigment granules, but after slicing by the microtome some sections $\frac{1}{200}$ of an inch thick, and the opacity of these spots persisting, after careful consideration we regarded these opaque spots as aggregations of metallic mercury, held in the hepatic channels. In reflected light the unmistakable glint from mercury globules could be caught.

CORROSIVE SUBLIMATE.—"Mercuric salts are converted into mercurous by sugar."* According to this view therapeutical doses of the bichloride would change into calomel in the duodenum, but this calomel must by extremely minute division liberate much finer globules of mercury in its further reduction to black oxide and metal. But pancreatic conversion of the bichloride into yellow oxide takes place in the duodenum, and this oxide is absorbed into the circulation, where its conversion may occur slowly into the most minute metallic globules. The fact that toxic doses affect mostly the œsophagus and stomach shows that the extra amount of chlorine operates corrosively until the compound is changed by the alkaline pancreatic juice. The transformation of the yellow oxide would occur in the liver, or, if it remained long enough, in the intestines, by the glucose it would encounter, for the yellow oxide is reduced by glucose as well as is the black oxide, only less rapidly.

The bichloride of mercury is not the only substance that will coagulate albumen, nor does it enter into chemical combination with albumen. Excess of the latter will dissolve the bichloride, showing that the whites of eggs alone cannot be relied upon as an antidote for the bichloride of mercury.

A better antidotal method is to give at once an alkali, thus converting most of the bichloride into yellow oxide; then white of egg, with demulcents, to allay the irritation caused by the corrosive chloride. That this corrosive action is due to the chlorine liberated is evident from the fact that no other mercuric salt formed with another radical produces the distress peculiar to large doses of the bichloride. Local applications of this salt are apt to be accompanied by severe effects, because the energetic material does not meet with as strong an alkali as it would in the intestines, and hence is not at once

converted into a less active form. The blood, being alkaline, would gradually reduce it, but not until wide-spread, well-marked effects had been experienced. The antiseptic properties of the bichloride are due wholly to its chlorine, and good results are obtained from using it in dilute lotion to heal ulcers. Doubtless this antiseptic property accompanies the mercury, in this soluble form, into the blood, adding to its efficiency as a remedy in syphilis, particularly where the disease is widely disseminated through the body.* The sizes of the globules liberated from the yellow oxide formed from bichloride of mercury are incomparably smaller than those from calomel.

I have proved that corrosive sublimate is reduced partly into metal and yellow oxide in the pancreatic fluid, and part of the yellow oxide is reduced by the glucose of the intestine, the remainder undergoing slow conversion in the liver and blood, until the circulation contains the metallic form only, in a state of excessively minute division.

Chloral and chloroform each contain three atoms of chlorine, and resemble mercuric chloride in condensing albumen, and in having irritating and vesicating properties. Bernard believes that chloroform acts by temporarily coagulating the nerve cells. Albumen is given to antidote chlorinated water. Chloride of lime and chlorine are both irritants; the former causes the same kind of gastro-intestinal inflammation as bichloride of mercury. The metallic deposit is found on articles of gold worn next the person after taking mercury bichloride, as well as in any other form. One tenth of a grain of red oxide taken twice daily in syphilis, resembles bichloride in not causing salivation readily.

CYANIDE OF MERCURY.—Some syphilographers prefer cyanide to bichloride, claiming similar results from its use in the same doses, which shows that it was the mercury and not the material combined with it which exerted medicinal effects. As might be expected from the liberation of cyanogen in the stomach, none of the epigastric pains said to be caused by the bichloride accompany the use of the cyanide. Cyanide is converted into bichloride with hydrochloric acid. This may occur in the stomach, through the free acid there. A characteristic of cyanides is that the weakest acids decompose them with liberation of hydrocyanic acid. Its further reduction would be into yellow oxide, and the metal, as described above, under corrosive sublimate. Knapp's test for diabetic sugar with cyanide of mer-

* "Miller's Chemistry," volume II., p. 22.

* The same property would explain the reason why it has been found of value in diphtheria, and would furnish a good indication for its use in variola, especially of the hæmorrhagic variety.

cury shows that sugar is very active in reducing the metal from this form, and this, I believe, explains its *modus operandi*.

GREEN IODIDE OF MERCURY decomposes by heat in the stomach into mercury globules and mercuric iodide, which dissolve in the acid fluid of the stomach and further decomposed in the duodenum, precisely as the bichloride, except that iodine instead of chlorine is liberated; the yellow oxide from the mercuric salt is further reduced, like the yellow oxide from the bichloride, into metal. Should the green iodide pass the pylorus unchanged, it would more closely resemble calomel in its effects by resolution into black oxide and mercury, and finally wholly into mercury. Schläpke says,* explaining an interesting point in this connection: "It has been frequently observed that the external application of calomel may give rise to severe inflammation of the conjunctiva, if used simultaneously with the administration of iodide of potassium internally." This Dr. Schläpke explains by the formation of mercury iodate and iodide, which in the presence of common salt or iodide of potassium are soluble and act as caustics. He finds that if potassium of iodide be taken twice daily, in half-grain doses, its presence can constantly be detected in the conjunctival sac. Dr. Plym. S. Hayes* has detected metallic mercury in the urine of a patient who had been taking this salt. The patient developed renal symptoms which disappeared on the discontinuance of the mercury iodide, and were therefore regarded by Dr. Hayes as due to its causing emboli in the way previously described. An excessive dose reaching the kidneys un-reduced would encounter urea enough to decompose more of the drug; the precipitate would thus occlude the uriniferous tubules and account for the congestion. On subsequent investigation microscopically, I am prepared to indorse C. H. Wood's opinion that the green iodide is impure; containing two iodides and free mercury. The pure proto-iodide is yellow.

RED IODIDE OF MERCURY.—The biniodide loses its iodine in the pancreatic fluid, though a small amount of the combination may pass into the circulation, there to be decomposed by the alkaline blood. It resembles the bichloride in responding to reagents, and is as poisonous, another indication that the mercuric combination owes its activity as much to the *amounts* of the radical liberated in decomposition as to anything else. Topically the

effects of concentrated iodine are obtained with mercurialization precisely as a similar application of the bichloride exhibits the localized influence of liberated chlorine.

AMMONIATED MERCURY.—Hydrargyrum ammoniatum is prepared from the bichloride, and to all intents remain corrosive sublimate, combined with ammonia. Its insolubility renders it ineligible for internal use. Pancreatic fluid acts upon it as upon bichloride.

MERCURY WITH CHALK.—Hydrargyrum cum creta is milder than blue mass. It does not contain the same percentage of metal, and the chalk does not maintain separation of the globules, which often are visible to the unaided eye. The metal in all the chalk mixtures examined was in larger spheres than in blue mass, hence the latter is much the better preparation.

THE OXIDES OF MERCURY.—The red oxide, as prepared by the pharmacopœial formula, contains mercury nitrate, and complete purification of the oxide thus made cannot be accomplished without endangering the compound. In consequence it differs from the yellow oxide, though said to be an allotropic deutoxide, by its harshness and crystallization, the yellow being amorphous and much milder; but as it contains twice as much oxygen as the black oxide, just as there is twice as much chlorine in the bichloride, the yellow oxide would, in obedience to this general rule, be expected to act more vigorously than the black oxide. The latter has been given in pill form in place of blue mass or calomel, according to Wood,* and found to have identical effects. Dr. Christison† advises the use of black oxide ointment in place of officinal mercurial ointment.

TURPETH MINERAL.—There has been much discussion over the chemical and physiological properties of this preparation. After analyzing the contradictory statements of all accessible authors, I am justified in calling it a mixture of mercuric oxide and mercury sulphate, $\text{HgO} + \text{HgSO}_4$. It is an emetic like other metallic sulphates, and responds to all tests for the sulphate and oxide of mercury.

ETHIOPS MINERAL.—According to the method of its preparation this substance is a mixture of sulphur and mercury uncombined, cinnabar and metallic

* *Medical and Surgical Reporter*, vol. XIII., p. 12.

* *Chicago Medical Review*, vol. I.

* "Dispensatory," page 1257.

† "Dispensatory," page 1531.

mercury with sulphur, and sometimes a mercury sulphate.

CINNABAR.—Mercuric or red sulphide differs from the other mercuric preparations by being insoluble and undecomposed by alkaline solutions, consequently most of the dose will pass unchanged from the system, though some mercury must be liberated, for it acts rapidly as a mercurial. When used by fumigation, it liberates sulphurous acid gas and mercurial vapor. "In its native state there is reason to believe it has no action at all."* It may thus be regarded as inert, owing to its insolubility. Anything apparently inconsistent with this view may be accounted for by presuming that other forms of mercury accompany the dose as impurities.

OLEATE OF MERCURY.—With a vague, ill-defined idea that all mercurials depended for their efficacy upon their conversion into an oxide in the body, Dr. Marshall suggested, in 1872, the incorporation of mercuric oxide with oleic acid as an eligible substitute for the common ointment. Any chemist can see that in Marshall's process, or even later improvements in modes of manufacture of this preparation, the oxide must be destroyed. In fact, a precipitation of visible metal occurs, the weight of which is subtracted, plus its oxygen weight, from the original weight of the mercuric oxide used, and the invisible remainder is assumed to be mercuric oxide in oleic acid. Squibb's label on the oleate bottles reads: "This bottle contains — per cent of mercuric oxide in oleic acid." By decanting off the liquid, further precipitation of the metal, as metal, can be found, and under the microscope beautifully uniform and minute globules of metallic mercury in countless numbers may be seen suspended in the oleic acid. A mechanical mixture of oleic acid and minutely divided mercury presented very nearly the same appearance, the globules wanting in uniformity, which can be remedied by permitting the mixture to stand some days, allowing the larger globules to precipitate. This settling may prove to be the cause of the minuteness and uniformity of size in Squibb's oleate. So, instead of a mercuric oxide being introduced into the system by inunction with this preparation, a simple mercurial, reduced to such beforehand, is thus administered, and so acts. A Chicago physician applied the oleate several times to his axillæ, and soon after, on being dry-cupped, called the attention of Dr. J. S. Jewell (who was treating him for ataxia) to the presence of mercury globules visible in the cupping-glass.

THE BIBROMIDE resembles corrosive sublimate in most respects, and the bromide calomel. Donovan's solution contains the deutoxide, and completes all the medical compounds. All seem to be reduced directly or indirectly to the metallic state. I am not prepared to say positively that the therapeutical differences of mercury preparations are ascribable mainly to the differences in sizes of the globules, but it seems probable such is the case. This being admitted, an intermediate effect might be expected between the mercurous and mercuric doses, should the extremely divided black precipitated mercury from stannous chloride and corrosive sublimate be used.*

Dr. P. W. Van Peyma reviews Keyes's, "tonic treatment" of syphilis. Keyes advocates the use of mercury in small doses, long continued. Dr. Van Peyma claims excellent results from Keyes's plan of medication, and cites Dr. J. Shelton Hill † as confirming Keyes's observations. Long before becoming acquainted with Keyes's method, I had concluded that small doses, about one sixth of a grain, six times daily, continued for a few months in primary, and lesser doses of finely triturated calomel in subsequent stages of syphilis, would be conducive of excellent results. My idea was that trituration would insure the precipitation of finer divided mercury, and repeated small doses would thoroughly distribute the drug in its best form for exerting widespread deobstruent effects.

Its action as a parasiticide is due to the small globules in some cases, being sucked by parasites into their tubules, causing fatal occlusion; and in other cases, by external contact, it effectually asphyxiates insects by choking up their stigmata and tracheæ. Mercury absorbed by plants kills them by filling up the cellular spaces necessary for the passage of nutrient liquids. Hales found that "during the bleeding season a vine can push up its sap in a glass tube to a height of 21 feet above the stump of an amputated branch." Obviously an interference with this process would be fatal to the life of the plant, and no one can doubt that such a force is capable of pushing the suspended globules well up into the branches.

MERCUROUS OR BLACK OXIDE GROUP.

CHEMICAL FORMULÆ.	COMBINING WEIGHTS.				Parts.
	Base.	Radical.	Total.	Doses decomposing into 2 parts of mercury, finely divided.	
1. Hg. oxidum nigrum.....	Hg ₂ O	400	16	416	2.08
2. Hg. chloridum mite.....	Hg Cl	200	35.5	235.5	2.35
3. Hg. iodidum viride.....	Hg I	200	127	327	3.27
4. Hg. bromidum.....	Hg Br	200	80	280	2.80

* *Buffalo Medical and Surgical Journal*, February, 1880.

† *Maryland Medical Journal*, July, 1879.

* "National Dispensatory," page 791.

Calomel will always hold its position at the head of mercurous salts because it contains the largest percentage of base. Were it not for its instability black oxide would be superior to calomel.

MERCURIC OR YELLOW OXIDE GROUP.

CHEMICAL FORMULÆ.	MOLECULAR WEIGHTS.			Parts.
	Base.	Radical.	Total.	
1. Hg. oxidum flavum.....	Hg O	200	16	216
2. Hg. chloridum corrosivum.	Hg Cl ₂	200	71	271
3. Hg. iodidum rubrum....	Hg I ₂	200	254	454
4. Hg. Cyanidum.....	Hg Cy ₂	200	52	252
5. Hg. bibromidum.....	Hg Br ₂	200	160	360

Doses decomposing into 2 parts of mercury, extremely divided.

YELLOW OXIDE, prepared by precipitating mercuric solutions with K H O. Forms yellow amorphous powder. When prepared in any way, nitrogen capable of combining is excluded. Has been proven to be an oxide. Mercury forms only two oxides, the black and yellow. Combines readily. Forms mercuric oxalate; with cold solution, oxalic acid. Readily forms oxychloride with Hg Cl₂ solution. Boiled with potassic dichromate yields basic mercuric chromate, Hg Cr. O₄, 2 Hg O. Does not blacken on heating. Nitrogen in some form is required to convert it into red oxide. Physiological action milder and not escharotic.

RED OXIDE, prepared by heating nitrate of mercury till red fumes cease. Forms red crystals. When otherwise prepared, as in air, forms with difficulty, owing to nitrogen not readily combining, but nitrogen never excluded. Has not been proven to be an oxide, nor found apart from nitrogen, and responds to tests for subnitrate. Mercury forms more nitrates than any other metal, and unknown nitrates exist. Combines with difficulty. Does not form oxalate. Forms oxychloride very slowly. Boiled with potass. dichrom forms basic salt with larger proportion of base Hg. Cr. O₄, 3 Hg. O. (Millon). Blackens on heating (assuming the color of mercurous oxide). Neutralizing its acid solutions precipitates the yellow oxide, thus abstracting nitrogen. Physiological action harsher, irritating, and escharotic.

Tabulating all the mercuric compounds, the proportions of base and radical in one tenth grain doses stands thus:

	Base.	Radical.	Mercury combined with
Yellow Oxide.....	.0926	.0074	Oxygen.
Corrosive Sublimate...	.0738	.0262	Chlorine.
Red Iodide.....	.0440	.0560	Iodine.
Cyanide.....	.0794	.0206	Cyanogen.
Bibromide.....	.0555	.0445	Bromine

SELECTIONS.

CARDIAC THERAPEUTIC AGENTS.—Professor Germain Sée has prepared for the new edition of his important work, *Du Diagnostic et du Traitement des Maladies du Cœur*, an additional chapter on cardiac therapeutic agents and poisons in general, which gives an interesting summary and a classified view of recent researches on the subject, and states in a clear way the views of modern authorities on the physiological and therapeutic action of the drugs most useful in the treatment of heart disease. This extract has been published in advance in the *Medical Gazette* of Paris. Professor Sée begins by pointing out that as medicines in general have a predominant action on one or the other great systems of the animal organization, cardiac drugs have, in particular, an elective action on such or such part of the apparatus of innervation which presides over the movement of the heart. This apparatus represents a very complex mechanism, duplicated in two systems which work side by side; a system of acceleration and a system of inhibition or arrest, this latter causing a slackening and arrest of the heart's action when excited. The different organs which constitute this apparatus extend from the heart to various parts of the nervous centres. In the substance of the cardiac muscle, we find independent centres in communication with nervous ramifications which proceed from the cardiac plexus formed by the terminations of the vagus and great sympathetic nerves. Through the medium of these two systems of nerves, the heart is connected with the cord and the medulla; as, moreover, it is beyond doubt that psycho-motor centres exercise a considerable influence on the function of the heart, it is necessary to admit the existence of connections between the cardiac centres and the vaso-motor centres of the medulla and cord, and certain corresponding centres situated in the cerebral cortex. Passing over the latter centres, concerning the localization of which physiology at present can give no information, we see that the different factors of the apparatus of innervation of the heart may be classified as follows: medullar centres; spinal centres; great sympathetic nerve; the trunk of the vagus nerve, including accelerator and inhibitory fibres, and intracardiac terminal ramifications of the same nerve, and special intracardiac autochthonic centres, also both accelerator and inhibitory. How has success been reached in recognizing with certainty the elective action which certain therapeutic or toxic substances exercise on one or the other parts of this apparatus of innervation? The method is essentially simple, and

when closely examined we might, at first, wonder that it has not yet furnished us with more complete data.

Experimental physiology had, by methodical analysis, determined the exact part which each of these factors play in the entire mechanism. This has been effected by a process of deduction, obtainable by observing the effects of functional suppression of one or the other part of the apparatus of innervation. The analysis of the disturbance of circulation, brought about by the division of the medulla at its lower boundary, has instructed us as to the part played by the cardiac and vascular centres situated in this portion of the nervous system; and the same has been the case in respect to the division of the medulla at different levels, and the division of the great sympathetic and the pneumogastric, in numerous places. Observation and analysis of the phenomena manifested in the heart, and circulation under the influence of cardiovascular drugs and poisons, have aided in this line of research. This method must necessarily lead toward the desired result of knowing the elective action of a drug or poison on each portion of the apparatus of innervation of the heart.

Professor Sée takes, as an example, muscarin. Introduced into the animal system, this poison brings about arrest of the heart in systole. As to the explanation of this fact, many hypotheses may be framed; it may be attributed to paralysis of the accelerator system, represented by filaments of the great sympathetic, but the section of this nerve does not affect in any way the results of the experiment; or it may be explained by supposed excitation of the inhibitory filaments of the trunk of the pneumogastric, but the section of this nerve does not in any way prevent the arrest of the heart from being produced under the influence of muscarin. The very fact that the heart is arrested in systole does away with the hypothesis of direct paralysis of the cardiac muscle by muscarin. Moreover, mechanical excitation of the heart thus arrested in systole, renews its contractions. The share of the ramifications of the nerves of the heart and the intracardiac ganglia remain to be considered. A pharmacologist of great merit, M. Schmiedeberg, has shown, with admirable demonstrative precision, that muscarin produces the arrest of the heart in systole by exciting the intracardiac inhibitory centres.

This is the method in its simplest terms. If it has not yet yielded the fruits which might have been expected from it, there are probably two special reasons which may serve to explain this: the first, which will for a long time help to check the progress of

this study, lies in the complexity of the composition of these alkaloids, which represent, according to modern ideas, the active principles of the medicines which we use; most, at least, of those which are drawn from the vegetable kingdom. If we reflect a little on the discoveries made with regard to this subject during the last few years, we shall recognize the inherent difficulties which it involves. Aconitine was once believed to be a well-defined body, an individuality both chemically and physiologically; at the present moment, we are in a stage of great perplexity and difficulty in respect to the number of aconitines, which differ from each other to a very considerable extent in the intensity of their poisonous effects. The same remarks apply to digitalin; and the chemists who are studying this question are apparently disposed to expect that from each of these alkaloids, which are now reckoned as well-defined and almost elemental principles, we may shortly extract as many distinct active principles as have been already found in opium.

Two distinct alkaloids have already been extracted from pilocarpine, namely, true pilocarpine and jaborine, possessing absolutely dissimilar pharmacodynamic properties; while the raw pilocarpine of commerce resembles muscarin in its action, pilocarpine isolated from jaborine shows a remarkable analogy in its action to nicotine; jaborine, on the contrary, exercises on the heart effects similar to those produced by atropine.

The second reason why this study of the elective action of cardiac medicines on the different parts of the system of innervation of the heart proceeds with so much slowness is, that the localization of the effects of the same agent varies with the doses and the duration of the experiment. Certain effects have been recognized by certain experimenters, and described when they were produced by very minute doses and lasted but a few seconds, and these appear in tables of reference that profess to indicate the effects of the drug, without always indicating the exact condition, or the precise circumstances under which such effects were produced. Moreover, these primitive and specific effects of a drug on a certain part of the apparatus of the innervation of the heart, may be masked or interfered with by the energetic effects of the same agent on other systems. Thus a substance which excites the inhibitory filaments of the pneumogastric causes slackening of the heart's action; but this effect may be compensated by paralysis of the vaso-motor system, which tends to lower the intravascular pressure, with consecutive slackening of the heart.

The following table will indicate, at a glance, the

principal facts already known in relation to the elective action of cardio-vascular drugs and poisons.

	STIMULATION.	PARALYSIS.
Cardiac muscle	Digitalin.	The same in the second period of action.
	Iodine in small doses.	Emetin.
	Camphor	Salts of copper, barium, and potash.
	Cafeine	Chloral in large doses.
Intra-cardiac muscular motor centres.		Scillaïne.
		Saponine in its last period of action.
Intra-cardiac inhibitory centres.	Muscarin	Iodine in large doses.
		Atropin.
		Fabarin.
Intra-cardiac ramifications of the inhibitory filaments of the vagus nerve.	Nicotine	Spartine in large doses.
	Pilocarpin	Pilocarpin, second phase of action.
	Calabar bean	
Trunk of the vagus nerve.	Aconitine	Spartin.
	Nepalin	Nepalin, second phase of action.
Accelerator filaments of the great sympathetic.	Apomorphin	Spartin.
Medullary inhibitory centres.	Digitalin	Chloral.
Vaso-motor centres....	Bromide of potassium	Croton-chloral.
		Hydrocyanic acid.

Brit. Med. Journal.

SELECTED ABSTRACTS.

M. HOFMEIER (Berlin): TREATMENT OF PLACENTA PREVIA (*Zeitschrift. f. Geb. u. Gynäk.*).—The author's conclusions and methods claim our attention on account of the excellence of his results. His material consisted of 46 cases, 35 of which were delivered in one year, thus offering an excellent chance to judge of a method carried out by one man in so many cases. In judging of his method he first excludes from the 46 cases 3 who were so far gone from hemorrhage when he arrived that there was no chance for any treatment. Of the remaining 43, in 19 the location of the placenta was central, in 16 lateral, and in 8 marginal—a very large percentage of *central*.

The usual rule of treatment is to tampon until the cervix is sufficiently dilated. This rule the author opposes. He scarcely ever uses a tampon, and as to the cervix his rule is only to wait till clear symptoms of labor set in, either in uterine contractions or a funnel-shaped dilatation of the cervix. He then proceeds as actively and early as possible. This rule was followed in 37 of the 43 cases, after poor experience in other methods with the rest. In 19 cases the cervix was partially or wholly dilated, in 18 either entirely closed or with only a funnel-shaped dilatation. The earlier the operation the

more of necessity is the choice limited to the combined external and vaginal version with one or two fingers, the Wigand-Braxton-Hicks method. This was done in 30 cases, the foot was brought down in 3 breech cases, three times internal version was performed, and once the forceps applied. The combined turning was practised as long as possible, and the hand introduced into the uterus only when absolutely necessary. The feet, having been guided to the os, are seized and by firm traction the buttocks effectually stop the hemorrhage. In cases of central position of the placenta, the author, in spite of all the arguments against it, is in favor of perforating the placenta and bringing the feet through. He did it in 5 cases, in three of which it was necessary on account of haste and in 2 of which the child was already dead. It gives the mother the best chance, and the child's chance is by any method in such a case extremely small. The rest of the delivery, the author expressly states, should be *slowly* accomplished. The condition of the child may modify this rule, but even this must not make us increase the mother's risk. "One must have the courage to let a doubtful child's life be lost in his hands, rather than subject the mother to increased danger. The child is to be delivered *slowly*. Even so, the author's results were not bad as regards the children. Of 37, 17 were already dead; of the 20 still living, 6 died (3 premature, and 3 from perforation of the placenta). Altogether 63 per cent died and 37 per cent lived, which is up to the usual standard. The statistics of the mothers, however, are much better. The author considers in them not only the immediate result, but the aftercourse of the case. In each case ergotin was given subcutaneously during extraction, and the uterus was washed out afterward with a 5-per-cent carbol. sol.

Of the 37 patients treated by these rules *one* died. She had been treated for 24 hours by tampon, and the placenta was foul and offensive when the delivery took place, and she died 17 days after from phlegmon and phlebitis of the thigh. H. believes she would have surely been saved if action had been prompter. This one case, out of 37, gives a mortality rate of 2.7 per cent, far ahead of any published rate, others having been 10 per cent, 16 per cent, and 40 per cent. After-hemorrhages occurred in some cases, but none which could not be controlled with ergotin, iced and hot-water injections. Of the 6 cases treated at an earlier date, and by the *waiting* method, 1 died; 2 had a long, severe lying-in; 4 children were dead. Of the whole 46 cases, therefore, 5 died—10.8 per cent. The author adds two useful hints as to the

location of the placenta. In nearly central location the smaller portion is on the side which is more loosened from the cervix lip. In placenta previa lateralis the proportion in favor of the right side is about 11:4.

H. LOHLIEN (Berlin): THE RADICAL CURE OF RETROVERSIONS (*Zeitschrift. f. Geb. u. Gynäk.*, VIII., 1).—Backward displacements of the uterus form about one fifth of a gynecologist's practice. What is the prognosis in such cases quoad sanationem completam? The author's quotations from the literature of the subject are variable and indefinite. The author has for some years carefully endeavored to answer the question. His method of treatment has been to replace the uterus in position by the fingers, assisted by external manipulation, patient lying on the back, and so soon as the *position of anteversion was complete*, to hold it in place by pessaries. He used generally the wire rings, which he bent to suit each case. Intra-uterine elevators were only used in two cases. All the usual means were thoroughly applied to give *tone* to the vaginal walls and the ligaments. In many cases the knee-elbow position and introduction of air into the vagina was tried, but the author was quite unsuccessful with it, and claims that even in *easy* cases the uterus was not by this means anteverted, but only made a little more upright, and even this position not retained without instruments, while the insertion of the latter was more difficult than with the patient on the back. He has therefore given up the method.

His cases are divided into "fresh" and chronic. Of the former he had only seven in which retroflexion was found shortly after the first confinement, and in only three of these was it certain that it had not existed before. Two of these were entirely cured in three months, the other was in need of treatment after one and one half years. There were 240 cases of chronic retroflexion. This number is cut down by withdrawing all cases with firm adhesions, with tumors, with peculiarities of the vagina preventing treatment, all cases which were not long enough under observation, and all in which there was any doubt. This leaves only 56 cases—which, however, are exact. Of these *only 4 were radically cured*. Great improvement was made in many of them. The author is of opinion that an intercurrent pregnancy and confinement is not so great an advantage as it has been considered, though in two of his successful cases this occurred. In others it seemed of no advantage. L. has also seen two cases in which retroflexion was cured by perimetritis posterior (the remedy worse than the disease), and two

in the menopause in which the same result followed colpitis adhesiva.

His results in general are not very satisfactory. He notes that they agree with those of P. Mundé as given in his paper before the International Congress at London. He warns us not to be discouraged by them, but persist in endeavoring to improve them.

ADOLPH BERG (St. Petersburg): CONTRIBUTIONS TO THE PATHOLOGY OF UTERINE FIBROIDS—ENDOMETRITIS MYOMATOSA (*Zeitschrift. f. Geb. u. Gynäk.*, VIII., 1).—Patient admitted March 6th; forty-five years old; had menstruated freely since her fourteenth year; had had three children, the last in her nineteenth year; all normal. Two years before admission, noticed a small tumor in the lower abdomen. This gradually grew, accompanied with dull pain, and later with dysuria, ischuria, and leucorrhœa. For a few months menstruation has been more profuse, with occasional slight metrorrhagia. The physical examination gave the usual symptoms of fibro-myoma submucosum of large size, an elastic bougie passing twenty-four centimetres into the uterus. On March 8th, hypodermics of ergotin were begun; on the 10th, menstruation came on; on the 14th, disinfectant injections ordered; on the 16th, a small tupelo tent inserted in the cervix, and a larger one on the next day. There were no bad symptoms during this time. The supply of tents giving out, nothing was done except the injections on the 18th and 19th. On the evening of the 19th patient had chill, vomiting, collapse, symptoms of peritonitis, from which she died early on March 21st.

The autopsy showed most of the organs to be in a normal condition, in the peritoneal cavity a little pus and evidences of fresh exudation. The uterus was twenty centimetres long, and entirely filled with a submucous tumor, about which were evidences of recent suppuration, to be referred to later. The first point of interest in the case is that the tumor caused so little hemorrhage. The author finds in the literature of the subject very few definite statements in regard to this point, but the general idea is that hemorrhages in such cases are caused by the tumor irritating the opposing walls of the uterus, and that the larger the tumor the greater the hemorrhage. In this case, the tumor was large, and the hemorrhage rarely small. This is explained by the almost complete absence of blood-vessels of any size in the membrane covering the tumor as well as that of the wall of the uterus. It seemed as if the growth of connective tissue had been so rapid as to have compressed and obliterated, to a certain extent, the vessels. The tumor was more succulent than the uterus,

but even in it there was but little vascularization visible to the eye, while the microscope, here as in the uterus walls, showed a great increase of connective tissue.

But the point of most interest is the *result* of the case. In the cervical canal, after the uterus was removed from the body, there were no signs of laceration or suffusion. It was intact. When the uterus was opened, the large ovoid tumor filled to the os internum. The enveloping membrane of the tumor, as well as the membrane of the uterus, was covered with creamy, yellow deposits of pus, under which the mucosa was greatly thickened, while in some spots there was a brownish-red coloring, fresh extravasation, and finely injected vessels. These signs were more marked on the tumor than on the uterine wall. The membrane of the tumor was separated from it by a thin layer of uterine tissue. Microscopic examination of the tumor showed a fibrinous structure with but little vascularity. The walls of the tubes were thickened, and pus streamed from their free ends. The microscope showed that the tumor consisted principally of muscular fibres, with interstitial connective tissue. Blood-vessels and lymphoid elements were very scarce. What vessels were found were enlarged, and some had ruptured. The tumor would be called a myoma. In the uterine membrane was a large growth of connective tissue (old), while the epithelium gave evidence of recent inflammation. This latter was much more marked on the tumor. From the varying amount of old deposit and the position of the new, there was no doubt that the last acute inflammation began in the tumor, and spread to the uterine walls, and so through the tubes to the peritoneum. In consequence of *some irritation*, there was an increased flow of blood to the tumor. The tissues of the latter were not easily inflammable, but its membrane was, and from this the extension was easy.

What was this irritation? Was it the dilatation of the cervix? No. Because there were absolutely no abrasions or suffusion caused by this, the cervical membrane was intact, the dilatation had not been carried on for three days before the inflammation began, and there could have been no septic absorption from anything used on account of the continued disinfectant injections. The inflammation was then *spontaneous*. (Had the vaginal injections nothing to do with it?—J. F.) Whatever may have been the cause, we have the rarity of an endometritis myomatosa complicating a submucous fibromyoma, resulting in purulent salpingitis, peritonitis, and death. In the literature, we find cases of gangrene, sloughing, etc., of such tumors, resulting generally from me-

chanical insult, and, as Gusserow says, "Quite frequently inflammation of fibromata is mentioned, but *no clear picture of it is to be found in the literature.*" This case would seem to prove the point.

Were there any clinical symptoms to point to this result? None in this case, and none in other reported cases. The case is interesting in regard to prognosis. These tumors are usually regarded as benign, and not dangerous; but if, even in rare cases, spontaneous inflammation may set in, the prognosis should be more guarded, and the treatment of the patient more careful.

PROCEEDINGS OF SOCIETIES.

NEW YORK SURGICAL SOCIETY. Stated Meeting, 1883. T. M. MARKOE, M.D., President, in the Chair. JAMES L. LITTLE, M.D., read a paper on

COMPLICATIONS ARISING FROM UNDESCENDED TESTICLES.

There are three positions in which a testicle may be detained in its transition from the abdominal cavity to the scrotum.

- 1st. In the abdominal cavity near the internal ring.
- 2d. In the groin near the external ring.
- 3d. In the inguinal canal.

A number of such cases have come under my observation. The most common situation has been where the testicle was retained just outside the canal near the external ring. I have met with one case in a child in which both testicles were retained in the abdominal cavity, as no trace of them could be felt in the canal. In this situation a number of cases have been reported in which the testicle has become the seat of malignant disease—no instance of this kind, however, has come under my observation.

Cases where the testicle is arrested just outside of the external ring are not infrequent. In several that I have seen, the testicle could be pushed back into inguinal canal, but as soon as pressure was removed it would assume its original situation. A few years ago I was called to see a patient in whom a testicle in this position was the seat of gonorrhœal epididymitis. It was a patient of about eighteen years of age, who had been suffering from gonorrhœa for some weeks. His symptoms were very severe; constant vomiting, with intense pain in the groin and lumbar regions. Upon examination, a hard swelling was found situated just outside of the right external ring, with the absence of the testicle from the scrotum. This swelling was about double the

size of the testicle of the opposite side, and resembled a strangulated hernia, both in symptoms and appearance. The history, and the absence of the testicle from its normal situation were sufficient for diagnosis.

Second: On August 17, 1868, I was called to see a patient who had a strangulated hernia; his history was as follows: He had suffered from what he supposed was a femoral hernia for many years, for which difficulty he had been in the habit of wearing a truss. The morning on which I was called he had gone out for an early drink, and neglected to apply his truss. The rupture came down, and became strangulated. Upon examination I found a tumor about the size of an orange on the right side just above Poupart's ligament, resembling in many respects a femoral hernia which had rolled up and over the ligament. Failing to reduce it by taxis, I etherized the patient, and found upon examination that he had an undescended testicle situated just outside of the external abdominal ring, and that the tumor was formed by the distension of the inguinal canal. Failing to reduce it by taxis under the anæsthetic, I cut down through the walls of the canal, and found about ten inches of the gut in a strangulated condition. The seat of the stricture was at the internal abdominal ring. The testicle was lying behind the gut just outside of the external ring. The internal ring was enlarged and gut returned, when the patient made a good recovery. In this case the testicle was normal in size and appearance, and I have no doubt could be easily pushed up into the canal, so that his truss was worn without inconvenience.

The next case, sent to me by Dr. Wm. A. Hammond, is one in which the testicle was retained in the inguinal canal. The patient was twenty-six years of age, and had the following history: He had never noticed anything like a testicle on the right side until three years before he came under observation, when, while exercising on a trapeze, he received a blow on the right side of the abdomen, which gave rise to severe pain, similar to that produced by pressure upon the testicle of the other side. About a month afterward he noticed a small and soft tumor on the right side, just above the external ring. From that time, after any violent exercise, straining, or long walking, the tumor would increase in size and become very painful. After a few days the swelling would subside, but the tumor would never become as small after an attack as it was before. Last winter the patient wore a truss for some time without any benefit. The tumor gradually increased in size. On examination only

the left side of the scrotum was found to be developed, which contained a testicle of normal size. In the right inguinal region was a swelling extending up in the direction of, but some distance above, the inguinal canal. A moderately firm and perfectly movable tumor could be felt. This could be moved so as to lie almost at right angles to its normal situation. Firm pressure upon the upper part of the tumor gave rise to a sensation similar to pressure upon a testicle. The tumor was about four inches long by two broad. The external abdominal ring could be distinctly felt, but was so small that the little finger in invaginating the tissue could not be passed into it.

On November 24th the following operation was performed at St. Luke's Hospital, with all the anti-septic precautions. The coverings of the tumor were rendered as tense as possible by grasping it with my left hand, and an incision of about five inches in length was made over the most prominent part, nearly parallel to Poupart's ligament. The tissues were divided until the peritoneum was reached. This was opened upon a director, and the tumor was then forced out from its bed. Its attachments were composed of folds of peritoneum, extending along its entire inferior surface. A large number of tortuous vessels were seen beneath this peritoneal pedicle, more abundant at the upper extremity than at the other portions. A double catgut ligature was passed through the centre of the pedicle and tied on both sides. Another ligature was applied embracing both halves of the pedicle, and the tumor was then removed. No exploration of the wound, with a view to ascertaining whether it communicated with the abdominal cavity, was made. The deep parts of the wound were brought together with three Lister's leaden-plate sutures, and the superficial wound was united by the ordinary silk suture. The wound united by primary union without any untoward symptom.

On examination by the pathologist of the hospital, Dr. Satterthwaite, this tumor proved to be a round-cell sarcoma. In shape it was a flattened ovoid, while its dimensions were four inches in length by two broad, and one and one half thick. On section its cut surface was of a pinkish color, simulating brain substance both in consistency and feel. It was inclosed in a coat of peritoneum, which formed its capsule, while in the folds that were given off posteriorly were portions of the vas deferens and spermatic vessels. At its anterior and external portion there was a trace of the normal tissue of the testis.

In conclusion, it seems to me that in all cases where a testicle is situated either in the canal or just

outside the external ring, and becomes a source of annoyance to the patient, it would be judicious to advise its early removal.

In the case which I have related, complicated with hernia, I have since regretted that I did not remove the testicle at the time of the operation, for unless it could have been readily pushed back into the canal, a condition which would hardly obtain after the operation, a truss would have been worn with considerable difficulty. The after-condition of the case I have related I have never had the means of ascertaining.

Dr. E. L. Keyes had had one case complicated by omental hernia, in which the undescended testicle could not be kept outside of the external ring by a truss, although it could be easily pushed through the opening. The patient had had a number of accidents in the way of pain, and at intervals, when he did not wear a truss, the hernial lump would get down and cause a swelling in the groin, which he had always been able to replace. Finally one of these swellings occurred during the absence of the truss, and the patient failed to replace the lump. He then suffered from symptoms arising from partial strangulation, continuing for a number of months. Dr. Keyes operated upon him, and found that he had a hard portion of omentum strangulated at the internal ring with a testicle just below it. He removed the atrophied testicle, and cut off the piece of strangulated omentum. He ligated the cord very high, and left the pedicle of the omentum in the internal ring, which was entirely filled by it. The operation was performed under antiseptic precautions about ten years ago, and the patient made a rapid recovery. He subsequently wore a truss for a considerable period, after which he experienced no trouble whatever. He had also since been the father of several children. The other testicle was normal in structure and position.

Whether it was justifiable to cut out the testicle in these cases before some emergency required the operation, he was uncertain; he was not prepared to say that he would advise it. He had frequently seen these undescended testicles in young children, and believed that if sufficient care and attention were given, that the testicle might be gradually pulled down, and finally be made to remain permanently outside of the external ring, in a certain proportion of cases until it developed at puberty, and then no further trouble would follow. But it is exceedingly difficult to get a retentive pad that will functionate satisfactorily, even if the testicle can be drawn down and held outside the external ring with the fingers.

In answer to a question asked by the President,

Dr. Keyes said that he had had one case in which he had succeeded in keeping the testicle outside of the external ring, but he was not able to replace it in the scrotum. To succeed in any of these cases required a long time, and great care and patient attention on the part of all concerned. He had failed in the effort several times.

Dr. Sands said that Dr. Little had made one remark which perhaps should be qualified. He having suggested that whenever a testicle, situated in the inguinal canal became an annoyance, it should be removed. It was well known that the operation for the removal of a testicle situated in the inguinal canal was one of much greater danger than the ordinary operation of castration, which is attended with little risk if it is carefully performed. But when the testicle is situated in the inguinal canal, it is very liable to be surrounded by peritoneum, which may have to be divided in order to remove the tumor; and it seemed to him that such an operation should hardly be performed for the relief of a mere annoyance. He did not doubt, however, the propriety of removing a testicle so situated, when it became the seat of a morbid growth, although under these circumstances, the operation was attended not only with greater risk than the ordinary operation of castration, but with a greater improbability of a complete removal of the disease. He thought that in quite a large proportion of the cases in which it had been done, the malignant disease had already involved the lymphatic glands in the abdominal cavity. Here it might be said that valuable evidence could sometimes be obtained on this point, by manual exploration of the rectum. A man came under his observation, in Bellevue Hospital, some years ago, who entered the institution for the purpose of submitting to castration; the left testicle was very much enlarged, and the diagnosis of malignant growth of the testis was readily established; the tumor was so large, however, that it was suspected the disease had extended into the abdomen. Dr. Sands was unable to settle this point by external examination, on account of the thickness of the abdominal walls, but he found, upon making firm pressure in the left lumbar region, a tenderness and a feeling of resistance, not noticeable upon the opposite side. He removed the doubt by passing the hand into the rectum, when, with great ease, a swelling could be felt in the abdominal cavity, evidently due to infiltration of the lumbar glands: accordingly he abstained from operation.

He recalled another case in which he failed to appreciate the presence of an abdominal tumor in a young man whose testicle he had previously removed for sarcoma. The patient made a good recovery, but

months afterward he showed signs of suppression of urine, and on this account he came under observation a second time. Examination of the abdomen failed to discover the cause of the trouble. Various medicines were given to cause the kidneys to act, but they failed. Death occurred, and inspection of the abdomen revealed a large mass of cancer, situated upon the posterior abdominal wall, probably originating in the lymphatic glands. The mass was so situated as to completely prevent the passage of urine through the ureters, and the so-called suppression of urine was really retention of urine, both of the ureters being greatly distended above the point of obstruction.

He had met with one instance in which the testis had descended beyond its usual position, and was situated in the perineum. The person who was the subject of this malposition was a young man, who complained that he was unable to ride on horseback without suffering from pain, due to pressure upon the misplaced organ, which was of about half the size of the opposite testicle. Dr. Sands performed an operation with the intention of placing the testis in the scrotum, but he found the operation to be impracticable, and therefore removed the testicle, when all unpleasant symptoms disappeared.

Dr. Little stated that Mr. Curling gave the same advice in regard to the treatment of undescended testicle as that suggested by Dr. Keyes, and he related several cases in which a truss was used to prevent the testicle from slipping back through the external ring into the canal, and Mr. Curling also advises that in cases where the testicle is situated in the inguinal canal and can be readily pushed back into the abdominal cavity the patient should wear a truss with a pad over the inguinal canal, so as to keep the testicle back in the abdominal cavity, it being a much more comfortable place for the patient to wear his testicle than in the canal.

Dr. Yale said that the latter point mentioned by Dr. Little was illustrated in a case which came under his observation in the Presbyterian Hospital. A young man had a partially descended testicle. He had been examined, and had been told that he had a hernia, for which a truss was applied, and it had the effect of crowding the testicle back into the abdominal cavity, but subsequently a strain brought the organ down into the inguinal canal, and he had considerable pain, together with symptoms not unlike those attending strangulated hernia. As the testicle could not be brought farther down, Dr. Yale with considerable difficulty succeeded in returning it within the cavity, when the symptoms were relieved, and no further inconvenience had been suffered from the presence of the testicle in the abdomen.

Dr. Keyes said that Godard had directed attention to the fact that the cryptorchidis sterile while a monorchid is not sterile, and that the testicle is more or less damaged if it is retained in the inguinal canal; that those which are retained just within the inguinal canal are in a condition of partial atrophy, and that the other testicle is correspondingly hypertrophied. Whether this partially atrophied testicle is incapable of secreting sperm properly, Dr. Keyes was unable to say. Also whether, if the testicle is in good condition, it would be harmed by being pushed into the abdominal cavity and retained there, he was unable to say. He had met with one cryptorchid, and in that instance the man was potent, and had emissions, but was sterile. His seminal fluid contained no mature spermatozoa.

Dr. Post asked if cryptorchids could beget children.

Dr. Keyes said that such cases were upon record, but that the children did not generally resemble the father; that is, so far as he knew, all such cases of alleged paternity had been shrouded with considerable doubt.

Dr. Sands thought it would be unsafe to say that testicles were useless in persons who had power of copulation. There is no exception to the rule that where both testicles are removed, the power of copulation remains for only a time. Sir Astley Cooper had recorded one case in which a man had lost both testicles, but retained the power of copulation for perhaps a year, after which the desire and the power gradually ceased. He believed that usually the desire and ability to copulate implied the existence of some testicular elements; although the general fact is that those who have both testicles retained are usually sterile. He should think that if subjects who were sterile had normal desires, and were able to gratify them, the most rational supposition would be that normal tissue of the testicle existed in a greater or less amount, but that the spermatic fluid was not able to make its way into the seminal vesicles. He had met with a singular instance of undescended testicle in the case of a young man upon whom he once operated for strangulated hernia. The case was interesting, as showing that a concealed testicle might give rise to a peculiar form of hernia. The man was twenty-five years of age, and was said to have been addicted to sexual dissipation. His scrotum was empty, and he had a hernia upon the left side which became strangulated. Dr. Sands found, upon proceeding to the operation, that only a very slight protrusion existed at the external abdominal ring, in consequence of its small size. Having divided a stricture at the external abdominal ring, and, as he supposed, pushed the intestine back into the

abdomen, he introduced his finger, and discovered that he had not relieved a strangulation which existed at the internal abdominal ring, and that, while only a small portion of the intestine had escaped through the opening in the external ring, a large mass remained in the inguinal canal. The stricture was divided at the internal ring, and he was then able to push the intestine into the abdominal cavity, for which he had first mistaken the hernial sac. A small testis was found in the inguinal canal. The person had a well-developed penis, and had an abundance of hair upon the pubes. He also had a beard. Dr. Sands thought that in most cases in which the testicles were retained and the individual was impotent, there are but few evidences of puberty.

Dr. G. A. Peters asked if a testis retained in the cavity of the abdomen was not quite frequently the seat of malignant disease, or more frequently thus affected in that position than when within the canal, or just external to it.

Dr. Keyes remarked that there was an impression to that effect, but he did not believe that the statistics had been sufficient to substantiate it.

Dr. Little remarked that cases had been reported in the *Medico-Chirurgical Transactions*, *British Medical Journal*, *Medical Times and Gazette*, and other journals, where undescended testicles have become the seat of malignant disease, and authors, for instance, Gross, in his work on Surgery, state that the danger of the detention of the testicle in the inguinal canal, or abdominal cavity, is that it is prone to become the seat of malignant disease, but no statistics are given to sustain this statement.—*Med. News*.

PRESIDENTIAL ADDRESS. Delivered at the Annual Meeting of the Obstetrical Society of London.

By J. MATTHEWS DUNCAN, M.D., L.L.D., F.R.S.E., etc., President of the Society.

After a brief mention of the Fellows of the Society who had died since the last annual meeting, an enumeration of the papers read before the Society during the year, an announcement of the intended removal of the Society's library to more suitable premises, and a eulogy of his successor (Dr. H. Gervis), Dr. Duncan proceeded :

This great Society has many functions to fulfil, and of these not the least important is a moral one, which gets little place in our statement of "objects," and which has, for two years, occupied no part of our time. On, happily, very rare and extraordinary occasions, the Society may be called upon to censure and even expel a Fellow, thus exercising moral discipline in a decided manner ; but it wisely avoids

discussion of such matter, and keeps within very narrow limits the direct exercise of control over its members, leaving this branch of medical police to the Colleges of Physicians and of Surgeons, who have long taken charge of it. But silence does not indicate forgetfulness or low estimation ; and our active juristical interference, concerned as it has been only with minor disorders in individuals, gives no indication of the supreme importance of our moral interests as a society. In no way can we, or do we, do more good than by increasing and diffusing a kindly spirit and mutual goodwill in our ranks. Nothing contributes more to our dignity and our success than sense of honor and love of truth. By promoting silence, we increase the weight and power of truth. Without high moral qualities in the practitioner—qualities of heart and of head—the work he does will all be tainted by his imperfections, and correspondingly fall short in its utility to his patients, his profession, and to himself. The intellect may be stored, the judgment may be sound, the hands may be skilful ; yet the work does not reach an attainable degree of perfection if the heart is not right.

The promotion of science is avowedly our great object, and accordingly it is our chief performance. The work has been done in previously announced papers and in casual contributions. Of these, some have been purely scientific, or, in the view of the mere practical man, apparently useless ; some have been more or less practical or immediately useful, or intended to be so. We want still a great increase of the, at first sight, useful kind ; and we shall hold it the best evidence of the progress of the Society that they appear and are cordially received. A great master of medical method—Helmholtz—has said, that he who pursues science with practical results in view will pursue in vain. The papers combining practical ends with scientific elaboration have been admirable, and must be useful and honorable to us. This Society will always regard such papers as deserving of encouragement, but they need no special fostering care, for the fruits of their application in practice are a sufficient stimulus, sometimes more than sufficient. The more this kind of utility is paramount, the less is scientific severity, and the greater the departure from the guidance of logic, and consequently the less reliability. A great result, indeed, of our scientific work has been to show us what we should not expect to be able to do, and what we should avoid attempting or doing.

Besides scientific and mixed scientific and practical papers, we have had before us proposals purely therapeutical, and several histories of splendid work in practice. The surgical achievements which find

place in our *Transactions* are as brilliant and wonderful and successful as any to be found in the history of the art. They show what skill, guided by science, can dare and do; and the novel operations contribute, in this and other ways, to the solution of important practical problems. That a thing can be done successfully, is not enough, however, to show that it should be done. It is not judicious to excise the uterus in elderly women in order to prevent cancer of it. For myself, I have no doubt that the novel operations or series of them which have, in last session, been laid before us, will not be, in any sense, without good fruit, helping toward a sound judgment as to the extent or the limits of their applicability.

It is natural that the ingenious and bold surgeons who devise and execute new operations should press them strongly upon the profession, demanding quick approval, and it is to be lamented that they should sometimes misconstrue the relative slowness or silence of their brethren. Were new therapeutical proposals to be quickly adopted, our whole practice would, by their number and variety, be brought into utter confusion. The silence or slowness of the profession regarding them is a kind and useful reception, for nothing more violent is required to secure for most of them speedy oblivion; while the stronger and better few, surviving, demonstrate their merits and demerits, and secure or lose a place in medicine. By slowness and silence, even with some active depreciation, the profession obtains the best results, and this without any unnecessary delay. The use and acceptance of a new and good operation has never been a simple proposal and jubilant reception, and should not be; the whole matter must have time to ripen, and the special operation must exhibit plainly its qualities — what it can do, measured against what the corresponding disease does. Sometimes, as when the issue of disease, not cancerous, is in all cases, or nearly all, certain early death, the problem to be solved is a comparatively easy one: death for all *versus* a certain amount of cure. But when there is uncertainty as to the nature, difference of opinion as to the importance, or doubts as to the very existence of the disease to be remedied, the profession does well to be silent and slow. The problem to be solved is a difficult one; and if the operation puts life in the balance, there is a heavy responsibility which demands increased slowness and care.

The history of the operation of ovariectomy is often, one may say regularly, cited as a warning against silence and slowness of recognition; but it is quite otherwise, being a good example of an opera-

tion gradually and in due time gaining for itself a beneficent position of eminence. That theoretical and other mistakes were made in opposing it, may be very true; and theoretical mistakes made in supporting it too. But these neither hastened nor delayed the adoption of the operation in ordinary practice. As soon as it made a clear and sufficient saving of life, it was accepted enthusiastically everywhere, and not till then; and we cannot wish a better fate for any similar proposal. Even now, wherever there are not skilled ovariectomists, ovariectomy is not an accepted operation; the poor sufferers have life prolonged by avoiding it.

The proposer of a new operation should not expect his brethren to see it in the same light as he does. For him it is gilded, and he jealously guards and promotes it. His judgment of it is that of an enthusiast. The wise practitioner may discommend it, or he may abstain from recommending it; and the proposer is too ready to interpret this conduct as indicating disapproval of him and of his bold and original method, while it is really quite consistent with admiration, and even encouragement short of avowed approval. As evidence in favor of it gradually gets strength, so the practitioner at length is justified in making trial of it, and he may at last adopt it; and his slowness, differing as it does from the inventor's wishes, is wise, and not hostile to him.

Proposers of new operations have generally expended much labor, and oftentimes much money, in developing them; and the profession should, and does, admire the zeal and recompense the sacrifice, even though it may reject the operation. But there is often too much expected by the zealous proposer, and too little care taken by the critics, even by those who are essentially kindly, to avoid injury to the natural sensitiveness of such proposers. Against these evils we can only urge the force of moral obligations, which, though possibly too often in the mouth, cannot be too potent in the heart.

Dr. Duncan then asserted his belief that promoters of novel operations do not appear to attach the same value to life as the profession generally. There is now a demand, in connection with this matter, for the combined work of the surgeon and the actuary. Data might surely be obtained which would be sufficient to settle, approximately, the value of life in the diseases calling for tooth-extraction, removing of piles, excision of the mamma, lithotomy, oöphorectomy, ovariectomy, hysterectomy, and others; and, on the other hand, the danger of the operations themselves; and from the two results, viewed in the light of established professional practice, might be deduced a scale of justifiable or of ordinarily in-

curring risk, which might facilitate and corroborate judgment as to the due proportion of danger in new operations. Already some limited computations of this kind have been made, but they have been done by special pleaders and are insufficient.

A well-conducted inquiry would lead to conclusions which might, on the one hand, diminish our estimate of the value of life, or increase our estimate of the importance of mere chronic ailing; or the inquiry might confirm the opinions on these subjects which are at present generally held. We might thus be able, with great assurance, to judge whether or not a mortality of one in five, or one in twenty, is to be encountered in an operation for the relief of mere chronic ailing; and so on, according to the gravity of the ailing, or the danger to life arising from the disease.—*Brit. Med. Journal.*

ORIGINAL CORRESPONDENCE.

266 MADISON AVENUE,
NEW YORK, March 20, 1883.

MY DEAR DOCTOR:

You miss entirely the object of my remarks at the last meeting of the Medical Society of the State of New York. My argument was to show that this State had, in the law of 1880, specified what qualifications were essential as a right to practice medicine within its limits; that a practitioner legally qualified could not be disqualified, or legislated against, by the State Society, or any other incorporated Medical Society, like the County Societies and the New York Academy of Medicine; that the Revised Statutes forbade an incorporated society from making by-laws inconsistent with State laws; that decisions, such as that of Judge Marvin in the case (24 Barbour) of the State and relator Gray against the Medical Society of the County of Erie, had applied the statute clearly.

Now the point of the whole argument is not, whether we can disfranchise a "homœopath" or an "eclectic" legally qualified, but whether we can discipline or disfranchise one of our own school in this State for consulting with a so-called homœopath or eclectic who may have acquired under the State statute of 1880 a legal right to practice. That is the simple question, and it has only one answer, that we cannot. You may observe that I nowhere defend homœopathy or eclecticism. I nowhere display, strange as it may appear, a hankering after exceptional, peculiar, or "heterogeneous" consulta-

tions. I simply stand on the ground of insisting that the by-laws or codes of incorporated societies, like our State and County Societies and the New York Academy of Medicine, must be legally consistent with the laws of the State. If we do not like the statute of 1880 regulating the practice of medicine in the State of New York, let us join in a movement to amend it. While it is on the statute-book we must follow its provisions in making codes or by-laws for incorporated societies, or they will have neither legal value nor punitive power.

In this city the law of 1880 is in full operation, an attorney being employed by the County Society to further and watch its effects, and illegal practitioners are being brought up and punished constantly.

When we, as a profession, abandon the vain attempt, in this day, to regulate the embarrassing matters relating to medical practice in our State by mere resolutions and acrimonious recriminations, and go to work as individuals, as medical journalists, and as members of medical societies, to make our medical schools better and better, we shall soon have the profession so reinforced with well-equipped practitioners, and public opinion so educated, as to be able to secure for the people wiser laws regulating the practice of medicine. Whether reform in medical education demands State Boards of Examiners or not, we need not here take time to say. New York, which has so often led in good work, will certainly never re-enact the old Medical Code. Its "Civil Code" is now adopted in more than twenty States. I do not say that its Medical Code, as it is, will be adopted elsewhere, or that that code will be kept unamended here. I know, however, that the old code cannot be legally re-enacted by any incorporated society within the limits of the State, so long as our State statutes remain as they are. If those who agitate the question would only remember such facts, we might save time, ink, and acrimony, and put a stop to the childish misrepresentation that the movement for a legal medical code in New York was started by specialists who wished thereby to "bridge over the chasm between regular medicine and charlatanry"—a gratuitous and ridiculous assertion, which only reflects discredit upon its imaginative and not over-magnanimous inventors.

Faithfully yours,

C. R. AGNEW.

E. S. GAILLARD, M. D., Editor.

NOTE.—This letter simply shows that, in the judgment of its author, no medical society of this State, organized under the laws of the State, has the right to expel or punish one of its members for consulting with any irregular practitioner, or, as

the new New York Code of Ethics would term him, "a legally qualified practitioner." This is all true; it is granted and admitted. And such a condition is so lamentable that the author of the letter is disposed to regret it, and, if possible, to "amend it."

Under such an unfortunate phase of affairs, the new code of ethics, while admitting the facts mentioned, might have suggested a remedy, or pledged itself to support any true remedy recommended. Instead of so doing, instead of lamenting such a misfortune, *it officially states that such consultations are proper, and covers and protects them with its seal.*

How can a consultation be proper, when, being an agreement, this is honestly impracticable and impossible? And being honestly impracticable, how can a Society stoop to cover such a folly or protect such a fraud with its official approval?

It is bad enough, and unfortunate enough, that a medical society in the State of New York is prevented, by law, from justly punishing or expelling any one of its members for consulting, or *rather attempting to consult*, with a homœopath, or any irregular practitioner; but what shall be said of those who, appreciating so important a fact, and lamenting so confessed an evil, shall, instead of correcting it, pronounce it all proper and right, and give to it the sanction of an official and corporate seal?

The author of this letter and his associates are unduly sensitive in regard to the strictures of the Press. While it is the imperative duty of the Press to criticise, and, if necessary, to condemn the recent action of the New York State Medical Society, of course no respectable journal imputes to any one concerned in this movement motives which are in the least degree disreputable, or morally improper. On the contrary, it is well known that the advocates of the new code of the N. Y. State Medical Society are among the most distinguished and most blameless members of the profession. Such records, however, do not and will not exempt them from legitimate criticism; and if this be, at times, severe, censure is not to be attached to the critics, but to those who have rendered such criticism necessary.

E. S. G.

REVIEWS.

ESMARCH, ANTISEPSIS AND BACILLUS. ANNUAL ADDRESS BEFORE THE PHILADELPHIA ACADEMY OF SURGERY, JANUARY 8TH, 1883. By WILLIAM HUNT, M.D., Senior Surgeon to the Pennsylvania Hospital.

This is the address which has been answered at

length in this JOURNAL by Dr. Garnett. Eighteen months ago it would have been quite interesting, but the profession has lost interest in the subject.

LACERATIONS OF THE FEMALE PERINEUM, AND VESICO-VAGINAL FISTULÆ — THEIR HISTORY AND TREATMENT. By D. HAYES AGNEW, M.D., Professor of Surgery University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co. 1882. Paper. 8vo. Pp. 141. Price 75 cents. (By mail.)

This work has been brought out in paper form, and costs so little as to be within the reach of all. The operative methods of the most distinguished surgeons are carefully given, and the author adds a wealth of careful and valuable testimony which cannot be too highly commended.

COMPEND OF ANATOMY—FOR USE IN THE DISSECTING ROOM, AND IN PREPARING FOR EXAMINATIONS. By JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy and on Operative Surgery, Philadelphia School of Anatomy, etc. Third edition. Philadelphia: C. C. Roberts & Co. 1882. 16mo. Pp. 198. Price not stated. (By mail from publishers.)

Almost every one is of the opinion that such works as this one are injurious: they give that partial information which is not desirable for any one to impart or receive. They are all condemned by the Press; yet, as they are created and sold, they must meet a want: the "crammers" need them. The present book is fair of its kind; it is often inaccurate and is very incomplete, but such is the truth in regard to them all.

MISCELLANEOUS.

ANÆSTHETIC MIXTURES.—The Vienna mixture, used in 8000 operations without accident, consists of three parts of ether and one of chloroform; Billroth's, three of ether, one each of chloroform and alcohol. The committee of the Medico-Chirurgical Society, of Great Britain, recommends one part, by measure, of alcohol, two of chloroform, and three of ether.

WE have a physician (?) right here in Detroit who avers that angina pectoris is an excellent remedy in

consumption. He was driven here by the salutary Illinois medical law. He is of kin with the Missouri doctor who cures catarrh at one sitting, and in proof of his success guarantees to "remove the catarrh and place it on a saucer."—*Medical Age*.

BRANDY.—From the report of the American Consul at Rochelle, we learn some startling facts concerning the adulteration of brandy. In most cases the spirits sent to England for consumption appear to consist of beef or potato spirit, diluted to the proper strength, and flavored with genuine cognac, and probably not unfrequently with the addition of other flavoring material, so as to produce such a taste as would pass for ordinary brandy, and then bottled and labelled so as to sell at the prices of genuine brands.

THE PREVENTION OF HYDROPHOBIA.—In 1862 Bourrel suggested that when the permanent teeth of a dog are well grown, the incisors and canine teeth can be blunted so as to render it impossible for a dog to inflict wounds on men or animals which might lead to inoculation with the virus of rabies. At the time, his suggestion was much ridiculed, one journal suggesting that all dogs should be provided with false teeth. The question has been revived in the *Medical Press and Circular*, January, 17th, 1883, by "a member of the Sanitary Institute of Great Britain."

OVERCROWDED BURIAL GROUNDS.—Some scandalous disclosures have recently been made regarding the condition of several burial grounds throughout Scotland, and notably in Edinburgh, Perth, and Linlithgow. At a public meeting in the last named town, held a few days ago, among other repulsive facts elicited was the statement that many of the bodies were covered with but eight inches of earth, and some of them with even less; that in a portion of the ground containing seventy-five layers no fewer than 125 bodies had been buried (?) during the past nine years, and that during the same period 904 bodies had been placed in 461 layers. It was agreed to provide a new burial ground under the act of 1855. If fourteen years is a reasonable period of safety, the revelations made in the towns named are shocking in the extreme; and if attention were given to the subject there are doubtless other places little better provided.—*Lancet*.

NOTES ON CURRENT MEDICAL LITERATURE.—A unique contribution to medical literature comes in the form of a reprint from the *American Journal of*

the Medical Sciences. Dr. John L. Atlee, of Lancaster, contributes a valuable article on a case of strangulated hernia, complicated by a very extraordinary diseased spermatic cord; his son, Walter F., a case of ovariectomy, in which the expanded bladder was wounded, with recovery; and his grandson, Louis W., a case of congenital cyst of the back of head, with serous contents.

TREATMENT OF GONORRHOEA.—A rather large number of American, German, French, and English physicians have—as we see by reading through the many different foreign and domestic medical journals—of late been reporting very successful results in the treatment of gonorrhœa by the *yellow oleum santali*. We learn that the remedy invariably puts an end to the discharge within two days, but to prevent a relapse it has to be continued for two weeks longer. From 15 to 20 drops given three times daily is the usual dose, which may be administered on sugar or in gelatine capsules.—*Medical and Surgical Reporter*.

THE RATIO OF INSANITY to the population is lower in the United States than in any other civilized country, and would be still lower if estimates could be limited to American-born inhabitants. At least so says Dr. Everts, of the Cincinnati Sanitarium, in his annual report. One fact which swells the number of insane reported is that "almost all adults of the feeble-minded class are enumerated as insane." This is no less true in other States than in Illinois, where it was noted specially by Dr. Wilbur, of the asylum for feeble-minded children of that State. Dr. Everts expresses a truth which we all recognize when formulated, in saying: "With us it is more reputable to be mad than to be weak, and our public provision for those who have lost their reason is much more pretentious, if not more generous, than for those who never had much, if any, to lose." He thinks there is no ground for believing that insanity as a disease is increasing in this country.—*Weekly Review*.

OLEATES are not to be mixed with vaseline or any petroleum products, as the latter are not absorbed by the skin, and retard the action of the oleates. Mineral fats have no affinity for animal tissues, while lard and other animal fats are rapidly absorbed by the skin of the human body.

MALARIAL FEVER IN CHILDREN.—Dr. Theophilus Parvin, in the *American Practitioner*, February, 1883, discusses the claim that Manson, Fordyce Barker, and others have made of priority in describing the above disease. He shows that Burns, in 1828,

had written of "remittent fever" among the diseases of lying-in women, that Butler, in 1775, had given an account of the puerperal remittent fever, and that other facts tend to prove that the profession had not waited until the latter half of the nineteenth century to learn that puerperal women suffer from malarial disease.—*Maryland Medical Journal*.

REMEDY FOR ERYSIPELAS.—At the recent congress of German surgeons, Dr. Fisher, of Strasburg, drew attention to the value of naphthaline as an antiseptic. For some skin diseases, and especially in the treatment of erysipelas, it is almost specific. The application is made in the most simple manner possible, by rubbing gauze in the powdered material, or dipping any suitable fabric in an ethereal solution diluted with alcohol. Naphthaline being very cheap, this preparation will be less expensive than anything of the kind now in the market. It is extensively used in Strasburg, where it is regarded as a perfect preventive of erysipelas; and it is hoped that if this valuable property can be substantiated, it will be used for the same purpose in this country. Dr. Fisher does not state whether its use in the manner stated is attended with any inconvenience or pain to patient; but persons employed in gas-works and elsewhere who have suffered from scales of naphthaline entering the eyes, etc., would be disposed to regard the remedy with very considerable suspicion.

THE CLIMATE OF SOUTH-EASTERN ALASKA, as given by the Bureau of Education, Circular No. 2, 1882, has for forty-five years been in the winter like the winter of Kentucky and West Virginia, and in summer like the summer climate of Minnesota. This mildness of climate is due to the warm Japan current of the Pacific, which strikes the American continent in latitude 50° north. Here the stream divides, one portion going northward and westward along the coast of Alaska, and the other southward along the coast of British America, etc. The northern current gives the great southern coast of Alaska a winter climate as mild as that of one third of the United States. Mr. William H. Dall, of the Smithsonian, says that from his own personal inspection he is convinced that Alaska is a better country than much of Great Britain, Norway, or even a portion of Prussia.—*Detroit Lancet*.

THE BREAKING STRAIN OF THE UMBILICAL CORD.—Dr. Neville, in a paper read before the Academy of Medicine in Ireland (*Medical Press and Circular*), gives the result of 125 experiments performed by him with a view to ascertaining the amount of traction the funis would bear.

In 100 cords from which the blood had been allowed in great part to escape before subjecting them to strain, the average tensile strength amounted to 12.5 lbs.; one cord bore a strain of 27 lbs.; nine cords a strain varying from 20 to 25 lbs.; eighteen of from 15 to 20 lbs.; forty-eight of from 10 to 15 lbs.; twenty-three of from 5 to 10 lbs.; and one of less than 5 lbs. In the case of 25 cords tested without allowing any escape of the blood contained in them, the average breaking strain was found to be very little over 11 lbs., or nearly one and a half pounds less than in the other case. The cords belonging to male were found to have an average strength of 1.5 more than those of female children; multiparity made no appreciable difference in strength. The strain was always gradually increased until the cord broke; and rupture was most commonly bound to be first marked on the outer aspect of the cord, where an umbilical vein projected in a varicose manner. Thin, straight, and wiry cords, possessing a comparatively small amount of Whartonian jelly, and whose surfaces were least marked by varicose projections, habitually bore the greatest strains. The rather scanty literature on the subject was summarized; especially a paper by Pfannkuch (A. f. G. Band, VII., Heft. 1), who studied the effects of a sudden strain caused by the falling of the child's body, if delivered when the woman was in the upright position. Dr. Neville considered the question of a gradual drag as affecting inversion of the uterus. Assuming as conditions a strong funis abutting at or near the centre of the fundus on a firmly adherent placenta, and a flaccid pliable uterus wanting in contraction and retraction, he thought improper tractions on the cord very likely to terminate in inversion. Inversion is a rare accident, because these conditions are rarely met with in combination, and because real fundal attachment of the placenta is particularly uncommon, notwithstanding text-book statements to the contrary.—*Med. Age*.

CHOLESTERINE IN THE BRAIN.—Prof. Beneke has recently published a work on the rôle of cholesterine in the brain. In the brain of a child, fifteen years old, who died of phthisis, he found it present in the proportion of 2.34 per cent of brain substance. It was also found in the brain of a young woman who died of puerperal fever, in the proportion of 2.13. According to the author, cholesterine plays an important part in the constitution of the protoplasmic matter from which the tissues are formed.—*Revue Scientifique*, February 10th, 1883.

MULLEIN IN PHTHISIS.—Dr. F. J. B. Quinlan (*British Medical Journal*) says, concerning the use of this plant in phthisis, that mullein plant boiled in milk is liked by the patients; the watery infusion is disagreeable, and the succus still more so. The hot milk decoction causes a comfortable sensation, and when once patients take it they experience a physiological want, and when the supply was once or twice interrupted complained much in consequence. It eases phthisical cough; in fact, some of the patients scarcely took their cough mixtures at all, an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked, and that this was not merely due to the well-known astringent properties of boiled milk. It also gave great relief to the dyspnoea. For phthisical night-sweats it was utterly useless. In advanced cases mullein does not prevent loss of weight. In pretubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power. In early cases the mullein milk acts very much in the same manner as cod-liver oil; and when it is considered that it is at once cheap and palatable, it is certainly worth a trial.

PUERPERAL MALARIAL FEVER may manifest itself in malarial districts. Dr. T. Parvin (*American Practitioner*) says that, while as a rule there can be no difficulty in distinguishing it from septicæmia, yet cases occur where it will be best to reserve diagnosis. In any event quinia is equally important as an antipyretic and antiperiodic. If the drug cannot be given by the mouth, it should be given in enemata, in ten-grain doses every three hours, until the patient is brought thoroughly under its influence, which should last for forty-eight hours. If it can be exhibited by the mouth, it should be given in doses of six or eight grains every three hours.

RETINAL GLIOMA.—Dr. A. H. Meisenbach, at the February 10 meeting of the St. Louis Medical Society (*St. Louis Medical and Surgical Journal*), reports the following case: At six months of age a child fell on a sled, striking the eye. The child about a year after was brought to different oculists, and then neglected. The eye grew worse, and enucleation was recommended. The parents state that the eye burst, and the child's sufferings were relieved. Dr. Meisenbach found a protruding tumor; the boy was feeble, and he advised enucleation at once. There was at this time an enlargement of the left inferior maxilla. The operation was tedious, and reaction small. The neuralgia of the eyes diminished, but soon increased, as also the tumors of the maxilla and scapula. A secondary tumor appeared in the orbit,

and the child died of inanition. The post-mortem examination demonstrated the extension of the tumor from the orbit into the cranium, as also a tumor at the site of the optic commissure. No section of the brain has yet been made. Dr. Post stated that the tumor was carefully examined and found to be a glioma of the retina. He then spoke of the different views held as to the histological position occupied by these tumors, stating also the fact that the disease occurs generally in childhood, and is almost always fatal. Knapp reports five recoveries; Delafield has had under observation three recoveries; Carter has observed two cases of recovery, one of which was seen thirteen years after the operation; Sichel had had one case recover spontaneously; Dr. Post's cases, three in number, had all ended fatally. If enucleation be performed, early recovery is a possibility. Dr. Pollak had had two cases of recovery. One was operated upon twelve years ago, and was twenty-eight years old at the time. The other was operated upon eighteen months ago. In neither had there been any recurrence. Dr. Dickinson said that the longest period without recurrence in his experience was fifteen months. The late Dr. Niehaus had a case in which there had been no recurrence after nine years. Dr. Williams had had several fatal cases. One was a case of double glioma in a nine-year-old boy.

GONORRHOËAL ARTHRITIS.—Dr. E. A. Chancellor, in a paper read before the St. Louis Medical Society (*St. Louis Medical and Surgical Journal*), says that in gonorrhœal arthritis the existence of gonorrhœa is not the only requisite, but a certain tendency to arthritis. He regarded it as due to an ichoræmia, an absorption of the gonorrhœal matter, and women were not so much affected as men, because the vagina is more usually attacked. In some individuals arthritis is never present unless there be gonorrhœa. He cited a number of cases in corroboration of this. The disease comes on suddenly, after cessation of the discharge, as an enormous effusion, which may dislocate the joint. There is no increase of temperature, as a rule; no erythematous blush over the joint, and no perspiration. It lasts longer than rheumatism, or from three to five months. It is very painful, and has no cardiac complications connected with it. It is more severe, as a rule, where the discharge has been small. The disease has a predilection for large joints, especially the knee, but occurs also in the wrist, sterno-clavicular junction, fingers, toes, tarso-metatarsal articulation, etc. Thecitis and bursitis often accompany it. The urine shows none of the changes seen in ordinary rheumatism. The

prognosis is favorable, and it terminates by resolution. The treatment consists in local medication, blisters, etc., morphia hypodermically to allay the pain. Potassium iodide, sodium salicylate, have done good, but no other rheumatic medication is of advantage. Only one in forty become victims to the disease, which would almost seem to show the duality of the gonorrhœal virus. Dr. Chancellor claims that gonorrhœal arthritis is a disease *sui generis*, not a rheumatic complication of gonorrhœa.

R.—Touching the physician's symbol, Dr. Paris (*Medical Times and Gazette*) states that modern physicians continue to prefix to prescriptions the letter "R," generally supposed to mean *recipe*, but, in truth, a relic of the astrological symbol of Jupiter, formerly used as a superstitious invocation. Another origin, has, however, been given. At the close of the sixteenth century Dr. Lee was convinced that he was on terms of intimacy with most of the angels. His brother physician, Dr. Napier, got almost all his medical prescriptions from the angel Raphael; and Elias Ashmole had a manuscript volume of the receipts, filling about a quire and a half of paper. Now, it has been thought that the prefixed characters, which Ashmole interprets to mean *Responsum Raphaelis*, remarkably resemble that cabalistic-looking "R" which is prefixed to modern medical prescriptions, but is commonly interpreted *recipe*.

MEDICAL NEWS.

THE London *Medical Record* concludes from Prof. Koch's experiments that the only certain disinfectants are chlorine, bromine, and corrosive sublimate. Solutions of one part of the latter to 1000 parts of water will kill spores in ten minutes, while a solution of 1 in 15,000 is strong enough to arrest the power of development in micro-organisms.

GOVERNOR STEPHENS, of Georgia, made the proposition to place in the National Statuary Gallery at Washington the statue of Dr. Long, of Athens, Georgia, who was, said Governor Stephens, "two years ahead of Wells and Morton in his application of sulphuric ether for the relief of pain in surgical operations, and to whom, therefore, belongs the honor and glory of this greatest discovery of modern times." Dr. Long's claims as a discoverer were strongly advocated by Dr. J. Marion Sims some years since.

THE Chicago College of Physicians has been sued by a student who was promised a graduate's diploma at the end of one year's study. The faculty decline to keep the agreement, which was made, they say, by an individual teacher.

THE Spanish Medico-Chirurgical Society offers two prizes for the best treatises respectively on the Contagiousness of Lung Disease and the Formation and General Treatment of Hernia. The former prize will consist of 250 pesetas (about \$45) and fellowship of the Academy; the latter of 750 pesetas (\$135) and the fellowship. The essays must be written either in Spanish, Portuguese, French, or Latin.

THE First Annual Inter-State Exposition of the State of Mexico will be opened at Toluca, the capital, on the 2d of April, 1883, and will afford an excellent opportunity for acquiring a thorough knowledge of the people and commerce of the Mexican Republic. David V. Whiting, Esq., of Chicago, has been appointed by the Governor as Commissioner for the United States.

THE HAMMOND PRIZE.—The American Neurological Association offers a prize of \$500, to be known as the "William A. Hammond Prize," and to be awarded at the meeting in June, 1884, to the author of the best essay on the Functions of the Thalamus in Man.

The prize is open to competitors of all nationalities. Essays are to be sent to Dr. E. C. Seguin, 41 W. 20th Street, New York, on or before February 1st, 1884.

THE Naval Medical Society is just organized, in which every officer of the medical corps shall have the right of membership upon notifying the secretary that such is his desire. The Society is to hold regular and stated meetings on the first Thursday of every month, in the city of Washington, and at such other times as the business committee may consider advisable, or when five other members may so request. At the annual meeting, held January 4th, 1883, the following officers of the Society for the current year were elected: President, Albert L. Gihon, M.D.; Vice-President, John M. Browne, M.D.; Secretary, James M. Flint, M.D.; Business Committee, Thomas J. Turner, M.D., Adolph A. Hoehling, M.D., Thomas H. Streets, M.D.

THE twenty-second annual Commencement of the Bellevue Hospital Medical College took place in

Chickering Hall March 14th, and 167 graduates received the degree of M.D. President Isaac E. Taylor occupied the chair. The exercises were opened with prayer by the Rev. Dr. Burchard, and President Taylor conferred the degrees, with the aid of Dr. Austin Flint, Jr. Professor Samuel D. Gross, of Philadelphia, delivered the address to the graduates. The valedictory address was given by Dr. E. A. Morgan, of Illinois, a member of the graduating class. The four special honor graduates, whose standing entitles them to the position of resident surgeons at Bellevue Hospital, are, in the order of merit, Dr. Hermann M. Biggs, Milligan Patchin, Frederick Edmister, and Henry Herman.

A THROAT ELECTRIC LAMP.—At the last meeting of the Leeds and West Riding Medico-Chirurgical Society, Mr. Margetson, of Dewsbury, exhibited an incandescent lamp, designed by himself, and used by him since October last in examining the mouth and throat. The globe was about half the size of a walnut. It can be held in the mouth for two minutes without discomfort from the heat.

THE California Assembly has passed a bill to meet the plea of insanity in cases of murder. The indicted man who pleads it is to be first examined as to his sanity without regard to the crime charged. If decreed to be sane, he is tried for murder, and his false plea is to be treated as an aggravation of the offense. If shown to be insane, he goes to an insane asylum at once for life, so that he shall never harm anybody else. If, however, any evidence turns up afterward to prove that the decision was wrong, then he is to be taken and tried for murder on the original charge.

EDITORIAL.

DR. CHARLES F. REED.—There appears, in the official proceedings of the Medical Society of the County of Kings, Brooklyn, N. Y., the following touching and fearful description of the overwhelming sufferings and misfortunes of a worthy and talented medical brother. There is no request to make it known, but this journal gives it to the medical profession with the greatest pleasure.

Who is there that reads it who will not find his hand moving instinctively to his purse; who will not feel the eye grow moist, and the brow redden with shame, that before such a picture he can

dwell upon his own misfortunes and cares, and call himself unfortunate?

The medical profession of this country, with its great heart, cannot, it is true, do much to relieve physically such a noble sufferer, but it can do what is far better—it can, by money relief, tell him that his brethren are indeed brethren, not only to him, but to one who is far dearer to him than his life; that they are touched with pity, with sorrow, and with sympathy over such fearful sorrows, and do all that they can do with pleasure and promptitude. And for that devoted wife, that noble woman, that “ministering angel” at the bedside, who can refuse to bring her aid and comfort? The description is as follows:

“There is in Brooklyn, N. Y., a case of physical suffering of such desperate and extraordinary character as to absolutely demand the attention of the public. The victim is a physician of unusual talent and culture, who, after a few years of successful medical practice in the West, was suddenly stricken down, and who, for eighteen years, has been entirely helpless. It is not uncommon for invalids who have lost the use of an arm or a leg to be called ‘helpless,’ but this man is helpless in the most literal sense. He not only cannot walk, but he is unable to move in the slightest manner. During all of these years it has been an utter impossibility for him to feed himself, or even to perform so slight a personal service, as to brush a fly from his face. To add to the horror of this condition, the gentleman’s eyes became involved, and for ten years he has been totally blind.

“The doctor’s sole nurse and attendant has been his wife. The English language is entirely inadequate to express the patience, faithfulness, and indomitable courage of this delicate woman. Not once has she faltered or failed him in all these awful years.

“This sole care would have been impossible, had it not been for an apparatus which the sufferer himself invented, for raising him to and from the bed and the chair. It also enables the nurse to change the patient’s position, slightly or considerably, whenever he becomes uncomfortable. It is doubtful if any labor-saving machine ever accomplished its purpose more thoroughly than does this invention, conceived and brought forth from the depths of an indescribable anguish. Even with this most ingenious device, the nurse could not have managed the case alone, if the patient had been like many invalids. But from the first he has been the most philosophic of philosophers, and with all the racking torture he has undergone, has been a tower of strength to those who were fortunate enough to know him.

“When at last pain gave way somewhat, the over-

taxed nerves asserted themselves. Unable to move a muscle, blind, and tortured by ceaseless flickerings of light, would it have been any wonder if the imprisoned soul had cried out for deliverance? Would it have been any wonder if, in such a strait, unmatched and unapproached as far as is known, the will had become so weakened as to be absolutely useless? But, strange and incredible as it may seem, this has not been the case. He has equalled his wife in unselfishness, and more than that could not be expected of men or angels.

"The doctor's bonds are forged fetters, but the vital organs are in healthy condition, and the deliverance of death is scarcely more likely to come to this man than to any other strong man in active life. Singular as it may seem, the only real relief from nervous agony and depression has come from the few times when the patient has been obliged to be taken into the open air. But the luxury of oxygen and carriage motion are unattainable to the man *who has exhausted his means in trying to alleviate the bondage and pain of years*. And so the same four walls inclose him, while his nerves grow more and more sensitive, and the future holds a probability from which his spirit shrinks in horror. *Not for ten years has he seen his wife's face*, and though her voice is just as cheery, her hand just as tender, and no complaint ever escapes her lips, he knows intuitively what she and her friends have known for some time, *that unless the yoke is at least partially lifted from her long laden shoulders*, his imprisonment soon will come to mean solitary confinement.

"The doctor's interest in scientific subjects has been not only kept alive, but quickened by the exhaustive reading of his wife, and it is doubtful if the ablest statesman among us knows more of the political situation of the country than does this helpless sufferer.

"At the urgent and almost imperative request of a few friends, he and his wife have consented to let their strange story be told.

"The gentleman's name is Dr. Charles F. Reed, and his residence is 792 Lafayette Avenue, Brooklyn, N. Y."

CONSULTATION WITH HOMŒOPATHS UNAVOIDABLE AND IMPERATIVE.—As it is evident, from the facts stated below, that the most prominent homœopaths are unable to tell a case of pneumonia from one of typhoid fever, *without making a post-mortem as a preliminary for a diagnosis*, and as it is certain that humane physicians would sooner consult with them than see their fellow-citizens killed first and butchered afterwards, it may be accepted as a fact that

consultations with homœopaths are unavoidable and imperative. To use the sweet word-jingle of the new N. Y. Code, "emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." The latest facts on this subject are as follows:

Dr. William Bryan, Physician-in-Chief of the Hahnemann Hospital, was placed on trial in the Court of Special Sessions March 16th, charged with committing a misdemeanor. The alleged offence consisted of holding a post-mortem examination on the body of Samuel Cox, who died in that institution on the morning of Christmas day last.

James Cox, brother of the dead man, testified that he had not given permission for the holding of an autopsy on his brother's body.

Several other witnesses were examined, after which the Doctor took the stand. *He testified that he was in doubt as to whether the patient's death was due to pneumonia or typhoid fever!!!* It was needful that he should determine this question, as, if the cause of death was the latter disease, it was necessary to take precautions, the disease being contagious!!! When the undertaker called for the body the witness explained this matter to him, and *that person authorized him to proceed at once, being anxious to remove the body speedily*. Under these circumstances he performed the autopsy, and, in the strict sense of the word, did not dissect the body, *merely making such examination as was necessary to determine the cause of death*.

The undertaker *denied* that he gave the permission, as alleged.

The Court found the Doctor "*not guilty*"!!!

Here is a post-mortem for a diagnosis.—a post-mortem to know what "precautions" to take in the treatment of the case; the undertaker waits until the *post-mortem reveals* the disease which the Doctor had treated.

Consultations are unavoidable.

WESTERN (VA.) ASYLUM.—The recent misfortune at the Western (Virginia) Lunatic Asylum, at Staunton, is greatly to be deplored. Five patients, after taking their medicines, almost suddenly died. The ordinary tests for prussic acid and some other quickly fatal agents were applied, but without a successful solution of the trouble. The superintendent (Dr. Robert S. Hamilton) as well as his assistant physicians are exonerated from personal or official blame. The druggist of the asylum is also relieved from any responsibility. *The theory is that some one or more of the insane in the asylum put some poison in the eight*

mugs in which the medicines were placed, but in irregular quantities; so that, while all eight were suddenly seized with serious symptoms we have not yet seen nor heard described, five died within three hours, and one at a later hour.

This is one of the most astounding confessions on record, that some "one or more of the insane" put poison into eight mugs and so killed six persons. How did "one or more of the insane" have this poison? The theory of the public is that the insane are so guarded and protected that such an accident would be impossible; and that if poisons be accessible to the inmates of such an institution, to be used whenever sportively inclined, that the nurses or keepers would be under such discipline as to render the accomplishment of homicide impossible. This was one of the Virginia institutions which, for political purposes, was deprived of its previous efficient and accomplished superintendent.

THE FOOLS NOT ALL DEAD.—According to the *Weekly Review*, menstruation is an abnormality, as advocated by Dr. C. A. Devendorf in a paper read before the Wayne County (Mich.) Medical Society. He criticises the structure of the human body as unadapted to the purposes for which it is intended, or rather he thinks that the erect posture which man alone assumes is inappropriate for a being so constructed. He argues that the monthly loss of blood by the human female is so contrary to the condition found in the lower animals, and is so far without apparent purpose or object, that it must be abnormal and injurious. In seeking an explanation of the phenomenon, he argues again from analogy that as the animals which go on all fours have no sanguineous menstruation, therefore it must be that the erect posture is the occasion of this discharge in the human female. Hence, he concludes that the assuming of the erect posture is a comparatively recent thing, and that the organization has not yet adapted itself to this posture. He calls attention also to the influence of the erect posture in the production of hernia and hemorrhoids, and believes that this posture is responsible also for the fierce and cruel lust which makes a vicious man more vile than a beast.

THE ART OF PUTTING THINGS.—One of the pleasantest works in the modern library is a volume under the above title, by a celebrated Scotch divine. He argues that the problems of success in life depend often on the tact displayed in "the way of putting things." To introduce and recommend the subjects of vivisection to a secular audience requires, as all know, the greatest judgment and skill. No one

has ever surpassed Mr. Arthur Balfour in this respect. He gave notice that on the order for the second reading of the Vivisection Bill he will move: "That while due provision should be made for preventing the infliction of unnecessary pain on animals, it is inexpedient so to limit scientific investigation as to hinder discoveries which must result in a great diminution of human suffering."

SIMPLE METHOD OF COUNTING RAPID PULSE.—Dr. A. W. Abbott, of Minneapolis, advises in the *New York Medical Record* the following simple method of counting a pulse too rapid to be taken in the ordinary way: "During a definite part of a minute, one fourth usually, with a common lead pencil, dots are made upon a sheet of paper *synchronous with the heart beats*, as heard over the cardiac region. The dots are then counted, and the number calculated for the whole minute."

NOTE.—Can any one be so foolish as to suppose that the "hand" can be as swift as thought? One can count mentally ten times faster than the hand can move.

OLIVER WENDELL HOLMES.—London *Punch* thus happily rhymes on the resignation of Dr. Holmes from the chair of anatomy in Harvard:

Your health, dear "Autocrat!" All England owns
Your instrument's the lyre, and not "the bones."
Yet, hear our wishes—trust us they're not cold ones!
That, though you give up bones, you may make old ones.

NO LIMIT YET TO FOLLY.—If one were to advise, for the relief of the vomiting of pregnancy, a piece of "green cheese" taken from the moon, he would be regarded in a manner unnecessary to describe; and yet the prescription would not be more foolish than the following, which is "going the rounds" of "the exchanges":

The vomiting of pregnancy is treated by Dr. F. C. Wallace (*Med. and Surg. Reporter*) with popcorn. *The corn should be popped in a wire popper*, and should be light and white, and with a little salt sprinkled upon it, is to be eaten freely. He says he has used it in many cases, and that it has "acted like a charm."

DRINKING IS A VICE, AND NOT A DISEASE.—Dr. Everts, of Ohio, claims that it is the duty of the State to restrain, prevent, or punish this vice. This is worthy of consideration, but it is well known that drinking in time produces tissue changes, not only in the great glandular organs but also in the brain, and that, as a result, the victim loses the power of self-restraint. Indulgence, under such circumstances,

cannot justly be called a vice, while the necessity for preventing it becomes all the more imperative and manifest.

AN IMPORTANT DECISION.—A decision was rendered in an English court recently, which is, to say the least, highly interesting. A plumber sued a civil engineer for the cost of erecting a lavatory, something near \$150. The defendant made a counter claim of \$600, on the ground that the plumber's work was improperly done, thereby allowing sewer gas to enter the house, causing the illness of six members of the defendant's household and the death of his son.

The plaintiff's claim was denied by the court, and judgment was given for the defendant.

This decision might or might not have any direct effect upon the action of an American court in a case of that nature, yet the awarding of consequential damages for bad work by an English court furnishes a warning which careless or tricky plumbers may do well to bear in mind.

NOTE.—Is "the loss of a son and the sickness of six members of a family" to be estimated at \$600?

NEW YORK ACADEMY OF MEDICINE—A PRE-EMINENT AND WELL-DESERVED COMPLIMENT.—At the last election of officers of the Academy of Medicine, Dr. Fordyce Barker was, *nolens volens*, elected President. This is his third successive election, made when he would have preferred retiring. A pre-eminent and just compliment to a physician universally esteemed and sincerely beloved.

"THE JURY OUT WEST" has usually been regarded as the symbolification of all that is stupid and absurd, and its verdicts are extensively quoted as manifestations of unprecedented ignorance; but the verdict of an English jury, as recently given in the London *Lancet*, shows that the "jury out West" has reason for hope—for hope that others may yet surpass it in its peculiar notoriety for ignorance and stupidity:

The following written verdict was recently handed in by the foreman of a coroner's jury in New South Wales: "We are of A Pinion that the decest met her death from violent infirmation in the arm prodest from Unoan Caws."

SEVERE ACTION IN REGARD TO N. Y. STATE MEDICAL SOCIETY.—There appears in the Wilkesbarre (Pa.) *Record* of March 15th, a report in full of the proceedings of the meeting (March 14th) of the Luzerne County (Pa.) Medical Society:

At a large meeting Dr. Hakes offered a resolution "that the delegates to the meeting of the State Medical Society be instructed to vote against electing any delegates to the New York Medical Society's convention, and to oppose any action tending to recognize that society in any way whatever."

In explanation of this resolution the Doctor vigorously attacked the Medical Society of New York "for admitting into their membership unqualified physicians and quacks."

The President stated that the New York Medical Society had already elected delegates to the convention of the Pennsylvania Society, and that the question would have to be met and decided at the meeting next May.

The resolution of Dr. Hakes was then put and carried without a dissenting voice.

This is only a foreshadowing of what is to come. The American Medical Association will, of course, refuse to admit any representatives of the N. Y. State Medical Society; but this is but a part of the serious result. State medical societies will do likewise, and will refuse to send their own delegates to the meetings of the New York State Medical Society. The medical profession of this State will soon be placed in professional coventry.

Box 1124.—Letters for the editor, or for this Journal, are delivered very much more quickly if "Box 1124" be made a part of the address. All letters intended for Post-Office boxes in this city are assorted on the mail cars before reaching this city, and are promptly "boxed" on arrival of the mails.

THE Medical Department of the University of the City of New York held its forty-second annual Commencement March 13th, in the Academy of Music. The Rev. Dr. John Hall, the temporary Chancellor of the University, presided, and conferred the degree of Doctor of Medicine upon 164 young men. The graduates were from every part of the United States, and from Central America, Cuba, Germany, Turkey, Bulgaria, and India. The three "Mott" medals were awarded as follows: The gold to R. G. Bindrim, the silver to A. J. Mener, and the bronze to F. S. Halsey. For the highest standing in the class a prize of \$500 was given by the Faculty to Henry P. Loomis, son of Prof. A. L. Loomis; for the best competitive examinations in the seven general departments, \$300, to Le Roy W. Hubbard. The second best examination was passed by Francis D. Gray. The valedictory address was delivered by Dr. Ernest R. Birkins. This was followed by an address to the graduates by Dr. Hall.

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No. 13.

ORIGINAL ABSTRACTS.

THE BACILLUS TUBERCULOSIS.—Dr. Balogh (*Wiener Medicinische Wochenschrift*, No. 51, 1882) reports that he had detected, in the marshes surrounding Buda-Pesth, a bacterium which behaves very like the tubercle bacillus, but which he does not regard as identical. He insists that neither form nor staining is sufficient to distinguish the varieties of schizomycetes (fission-fungi). Animals were forced to inhale the fission-fungi of the marsh, with the result that little nodular growths were found in the lungs, heart, and kidneys. On autopsy, in the nodules the fungi were found in various stages of development, and the rod shapes stained methylin-blue and vesuvin, exactly as do the tubercle bacilli.

PARALDEHYDE AS AN HYPNOTIC.—Dr. Morselli of Turin (*Revista Sperimentale di Freniatria*) has found that the action of paraldehyde strongly resembles that of chloral. In forty-five grain doses it produces quiet, calm slumber. It does not weaken the heart's action, but strengthens it while diminishing its frequency. It acts as a diuretic, as might be expected from its cardiac action. There are no cutaneous or digestive disturbances reported from its use. As Dr. Morselli remarks, this drug seems calculated to take the place of chloral hydrate as an hypnotic.

INDICATIONS FOR PALATAL TONSILLOTOMY.—Dr. D. N. Rankin (*Archives of Laryngology*, January, 1883) believes that tonsillotomy should not be performed where the glands are inflamed, unless suffocation be threatened, nor if the patient be a case of hæmophilia. The operation is indicated where suffocation is imminent from the great size of the glands; where inflammation has disappeared; where deafness, impaired speech, or frequent tonsillitis results. In these cases at least one half of the tonsil should be removed at a single sitting. The operation is most satisfactorily performed between the fifth and eighth year.

TINCTURE OF ARNICA ERUPTIONS.—Dr. J. N. Hyde (*Medical News*) describes a case of dermatitis venenata from the use of tincture of arnica. Both hands were very extensively involved, the right more than the left. The palms were spared, but the dorsal surfaces were pretty uniformly affected. The skin was tumid, and on the back of the hand resembled a cushion. The surface there was covered with pinpoint sized vesicles, between which serum oozed from floors, where evidently other similar lesions had formed and ruptured. Some of these vesicles had clear, others lactescent contents. Here and there, sparsely found, were small pustules, resulting from transformation of the vesicular lesions. A few light yellow crusts were on the region about the knuckles. The vesicular lesions extended to the interdigital spaces, where the skin was swollen, hot, and painful. The patient said he had slightly bruised one knuckle of his hand with a hammer; and for the relief of the abrasion, applied the tincture of arnica freely over the surface. He spilled this over both his hands; and the dermatitis originated in this way. In such cases, the hands of the male usually carry the offending substance to the genital region, when the penis is handled in the act of micturition. In this instance, the penis and scrotum were similarly affected, to a decidedly less degree than the hands. Drs. White of Boston and Earle of Chicago have described similar cases, but this influence of arnica tincture is much ignored. Treatment; the removal of the cause, the use of weak solutions of borax every night to wash the hands, these being immersed for from ten to twenty minutes. This last is grateful, alleviates the itching, and is not followed by the sharp reaction of cold water. Then the hands may be well smeared with a lotion composed of equal parts of olive oil and lime-water, to which has been added a drachm of the bismuth subnitrate, and when the itching is severe, also a drachm of dilute hydrocyanic acid. This makes a creamy preparation, well tolerated by the skin, and can be applied on soft

bits of old muslin, covered, if need be, with oiled silk or the Lister protective, to prevent evaporation. As the acuteness of the disease subsides, under topical treatment, the hands may be protected by dusting powders or one of the ointments useful in eczema, as calomel, bismuth, zinc oxide, or litharge, incorporated with vaseline or cold cream. Only in chronic forms of the disease of the hands will such stimulating topical medicaments as those compounded of tar, resorcine, gynocardic acid, and naphthol be advisable. The use of poultices in diseases of the skin is much more limited than in medical or surgical practice. They are properly limited to the cases where crusts or other pathological deposits are to be softened before removal, and to cases where the skin is to be softened before exit is given to pus, either within or below its tissues, as in furunculosis and carbuncle. For disorders of the skin proper, such as eczema, dermatitis venenata, and medicamentosa, and similar affections, the weakening of the skin by the action of a poultice is in general to be deprecated.

WOUNDS OF THE HEART.—Dr. Renaut (*Journal de Médecine et de Chirurgie Pratiques*, February, 1883) reports the case of a soldier who was stabbed with a butcher-knife in the sternal region, the weapon entering the pericardium and penetrating into the right ventricle and nearly through the interventricular septum. The patient survived the wound one hour. On autopsy the heart was found to be exsanguinated and strongly retracted. The pericardium was full of clots, and the thoracic cavity contained six and a half ounces of blood. It is not improbable that had the procedure suggested by Block (*Gazette Médicale de Strasbourg*) been adopted in this case, the patient might have recovered, since he died from dyspnoea and was very well nourished.

FEIGNING OF INSANITY BY THE INSANE.—It is usually assumed that a person feigning insanity must necessarily be sane. This is, however, not in accordance with the experience of alienists. C. H. Hughes (*Transactions International Medical Congress*, 1876), C. Nichols (*Alienist and Neurologist*, April, 1882), Dr. Pelman (*Irrenfreund*, No. X., 1874), Ray (*Mental Pathology*), Laehr (*Archiv für Psychiatrie*, Band I.), Ingels (*Zeitschrift für Psychiatrie*, 1870), Stark (*Zeitschrift für Psychiatrie* 1872), Delasiauve (*Journal de Médecine Mentale*, 1868), Spitzka (*Journal of Nervous and Mental Diseases*, 1878), J. P. Gray (*Report of the Utica Asylum for* 1876), Workman (*American Journal of Neurology and Psychiatry*, 1882), Moraudan de Montezel (*L'Encephale*, No. 11, 1882), and Kiernan (*Alienist and Neu-*

rologist, April, 1882) have all reported cases in which unquestionable lunatics feigned insanity. The section on Mental Diseases of the International Medical Congress of 1876 adopted the following awkwardly worded but true conclusion: "It is not only not impossible for the insane to simulate insanity for any purpose, in any but its gravest forms of profound general mental involvement, but they actually do simulate acts and forms of insanity, for which there exists no pathological warrant that we can discover in the real disease affecting them." This is curiously borne out by the claim of the alcoholic lunatic who killed his cell-mate in Bellevue, that this crime was due to sudden insanity produced by his being so much persecuted, the latter idea being a delusion.

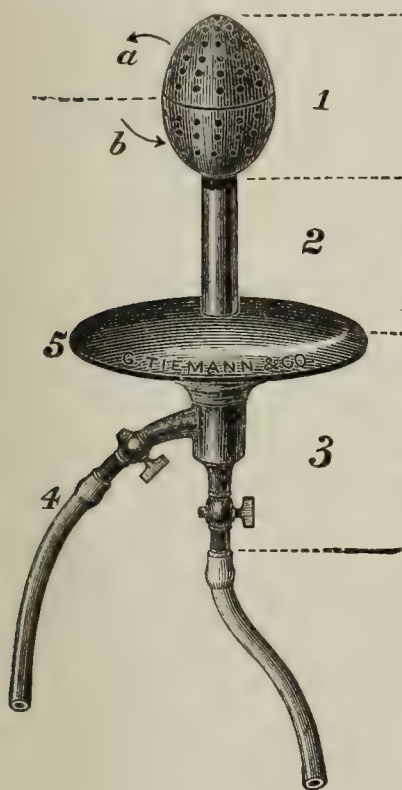
PROLONGED DIPHTHERIA.—Dr. Cadet de Grassicourt (*Revue Mensuelle des Maladies de l'Enfance*) has recently discussed a form of diphtheria, the manifestations of which persist for more than a month; cases in which false membranes recur for twenty or thirty days are by no means infrequent; cases in which these recur for more than a month are, however, relatively rare. Of these Dr. de Grassicourt has collected quite a number. He examines first the diphtheria without croup, of prolonged type. One case occurred in his service of forty-five days' duration. In a case reported by Isambert, a hospital interne contracted diphtheria of the pharynx and nasal fossa during tracheotomy, and had anginous symptoms for nine months; during this period the patches reappeared despite all treatment. In all the cases cited diphtheria presented its usual phenomena in the first phase, but in the second the patches constituted the sole evidence of its existence. The croups of prolonged type are divided into two classes—those recovering without operation, and those in which tracheotomy has been performed. The great majority of tracheotomies are performed before the eleventh day of the disease, counting from its onset. This term should not be regarded as absolute, and it should not be regarded as a certainty that all croup passing this period will recover. Dr. de Grassicourt cites three cases, one in which tracheotomy was performed the eighteenth day, one the twenty-third day, and one the forty-third day. In these toxic phenomena were absent. In cases prolonged after operation the chief phenomenon presented was that the continually recurring false membranes proved an obstacle to the removal of the canula. Dr. de Grassicourt cites cases of this kind in which the disease lasted forty-one, sixty-five, seventy-eight, and one hundred and fifty-one days respectively. In the last

case the patient was nearly suffocated in the attempts made to remove the canula. Dr. de Grassicourt claims that the diphtheritic nature of these cases was beyond doubt.

ORIGINAL ARTICLES.

RECTAL (MIDDLE THIRD) DOUCHE : DOUBLE FOR RETURN OR RETENTION, AND SUITABLE FOR VAGINAL IRRIGATION. By A. CLENDINEN, M.D., Fort Lee, N. J.

This instrument, of hard and soft rubber, may be described as a double catheter, with bulbous oval



end for the introduction, and with capacity for the retainance of matters injected. Sec. 1 is one inch in diameter by one and one half inches in length, the upper half (a) being for the discharge of air or fluids into rectum, and the lower half (b) for the return to the outer world. The foramina in a are 60 in number and one line in diameter, and those in b are 40 in number and two lines in diameter. a and b are joined by thread screw, and separated by diaphragm, through which tightly passes the tube coming from the inlet, sec. 4, over which rubber tubing is connected for attachment to fountain of supply. The arrows show the line of travel of fluid, with exit at lower end of sec. 3, to which also is attachable rubber hose, controllable, as the in-hose at sec. 4, by turncocks. Sec. 2 is half an inch in diameter and one and three quarters long to the face of rubber disk, sec. 5, which is in centre five sixteenths thick, fading to less than one quarter inch. It has an oblong diameter of three and one quarter by a transverse of two and one quarter inches. It is held in position by the under flange of sec. 3. Sec. 3 is three inches long, for the allowance of handling room and the joinure of sec. 4, which is already noted as the in-passage. All the sections

are detachable for cleansing, and the fountain or supply hose can be attached to exit end (3), for the quick cleansing by reverse wash of (b's) foramina. The small size and rectangular entrance of these (a and b) insures the easy introduction of sec. 1, and its comfortable withdrawal from rectum. It will be introduced from behind forward (after having been oiled), and will average the length of lower third of rectum. By the forward and to the left carrying of sec. 3, with gentle pressure sec. 1 will pass the flexure into the middle third of rectum, unless too narrow a stricture prevent. In such case the rubber disk (5) can, when needed, be slid up to the anus and there held to the estoppage of return of air or fluid injections or of liquid aliment—the out-turncock being closed.

This instrument was first made by my order in 1879, for use by a gentleman in Baltimore, Md., a case of chronic costiveness and internal piles, with subacute recto-inflammation and some prolapsus. The turncock of exit-hose (of sec. 3 attachment) being closed, the patient in recumbent position received slowly from fountain about one quart of quite warm soap-water. When tension was uncomfortable he was directed to bear down, and the excrement from above flexure immediately followed withdrawal of instrument, with resultant outwash of bowel—all passing into bed-pan. Those parts prolapsed were immediately returned by oiled fingers, and the instrument (which in the mean time was rinsed) was reintroduced. Warm water was now used with salt (a tablespoon to the quart). The in-turncock was continuously open, but the out one was alternately closed, and a quart or more of cold water was gradually poured into the fountain after some pints of the warm water had left; the final stream of percolation being for some three minutes absolutely cold. The instrument was then withdrawn, with no prolapsus or straining. This was done twice in 24 hours for five days, always in the recumbent position, and the time of cold wash was daily lengthened until on the 5th day only cold water was used. Full doses of calomel were on first day given this patient, followed for several days by acetate of potash and nux vomica, with soup diet. He recovered normal use of his parts, and retained the same. I saw him a few months after, and asked him what had become of the instrument. He said, "I have cured a friend of mine, a member of the club, and the instrument is there kept ready for use, as a *luxurious cleanser*, and specially called for by members when their bowels are too hot and scalding—after a jamboree!"

The rectum is our export of gross filth—a sluiceway, like the Nile or the Mississippi—liable to snags,

Description and Application. The arrows show the line of travel of fluid, with exit at lower end of sec. 3, to which also is attachable rubber hose, controllable, as the in-hose at sec. 4, by turncocks. Sec. 2 is half an inch in diameter and one and three quarters long to the face of rubber disk, sec. 5, which is in centre five sixteenths thick, fading to less than one quarter inch. It has an oblong diameter of three and one quarter by a transverse of two and one quarter inches. It is held in position by the under flange of sec. 3. Sec. 3 is three inches long, for the allowance of handling room and the joinure of sec. 4, which is already noted as the in-passage. All the sections

foreign deposits, and bars, not only preventing free passage, but as in those stream-channels, causing a division of current, to the formation of extra mouths, fistulæ, etc., and by the up-stream back-lash the damage of *levees*, with alternate abnormal dilatations and constrictions, by varicose hemorrhoids, atrophied and indurated tissues. The knife and other cisors and dilators may require to be, and have been by myself and others often used, but there is not only benefit in the subsequent use of this instrument, but in its *pre-use*. "Cleanliness next to holiness" is applicable here. There would never probably be many of the manifold but neglected ills of the rectum, if proper cleansing was observed in this section of the body, and this remark not only applies to the rectum, but indirectly to the entire alimentary canal—in fact, to the whole body—and hence this instrument is of interest to sanitarians and hygienists, who speak much and properly of the *emptying* of fecal closets, but who should first attend to the *filling* of the same by the normal emptying and cleansing of the rectum. At the semi-annual meeting, 1882, of the Bergen County Medical Society of New Jersey, this instrument was shown, and numerous cases of its application reported, among which were cases of neuralgia of the rectum and of the uterus. Neuralgia of the rectum, truly, is often in connection with and consequent upon some lesion, which should be looked for, and is often not to be found. It is *very* frequently, especially in females, occasioned by hardened fæces. Primarily, congestion, etc., of uterine section may claim the pelvic space to the estoppage of free rectal passage, with subsequently positive displacement of womb by this impacted and semi-paralyzed rectum. The continued removal of these fæces and renewal of the tone of the rectum will remedy the neuralgia and other complications, and when periodic after the outwash, the rectum may be used instead of the stomach, for the retainance of cinchona.

In *pruritus*, whether from loaded large intestines or ascarides, and in the treatment of painful ulcers of the rectum, this instrument is valuable. It has been used for the retainance of peptonized beef and other *alimentary fluids*, and of *alcoholic* preparations, also for application of *styptics* after the return of excised and bleeding parts, and is useful by its presence in situ of these parts, by its continuous dilatation and the thus prevention of stricture often consequent upon these excisions; but an instrument is equally needed to remedy the abnormal dilatations (sometimes three or four inches) above the line of stricture, which latter we will here presume to have been removed—possibly by Surgeon-General P. S.

Wales's bougies, for which he deserves great credit—but they do not fill the indications for a double catheter, capable of constant tonic-washing and excrement removal without dilatation. Most strictures are within the reach of index finger, hence the bulb of this instrument comes within application. The shape of the soft-rubber disk suits well in all vaginal washings, and the small size and rectangular line of holes in (a) insures against the possibility of those agonizing sensations and bad sequences often occasioned by shooting a stream through the *os* into the uterus (which often happens during the use of ordinary syringes).

ON THE OXYTOCIC ACTION OF QUININE, AND A METHOD OF PREVENTING IT; WITH CASES. By NEIL MACLEOD, M.D. (Edin.), Shanghai.

Does quinine excite contractions in the human pregnant uterus? Schröder, in his last edition of his *Lehrbuch der Geburtshülfe* (T. Auflage, Bonn, 1882, S. 484), regards this action of quinineas "problematic," and cites a number of authorities in support of this view. This question is of great interest to medical men residing in malarious districts, who are frequently called upon to treat neuralgia and fever of malarial origin in pregnant women, and has been answered in the affirmative by French, Italian, and more particularly German and Indian medical men; and in the negative chiefly by American physicians, who maintain that abortion after quinine given in malarial poisoning is the result of the latter.

There are some difficulties which stand in the way of settling this question, but these may be set aside. Fever itself is known to stimulate the pregnant uterus to contraction so effectually, at times, as to cause abortion, but the fallacy which this involves may be avoided, by observing the effect of repeated doses of the drug, as I was enabled to do in some of the cases recorded below. Cases of neuralgia are free from this objection.

In the latter months of pregnancy, when the uterus is above the pelvic brim, pains can be easily ascertained by palpation to be accompanied or not by uterine contraction; but in the early months, it is practically impossible to ascertain the existence of these contractions; and the subjective pains cannot be accepted as sufficient evidence of uterine action, even in pluriparæ, unless accompanied by blood discharge from the uterus. On the other hand, it is quite possible that many examples of this effect of quinine have been overlooked; as where "pains" have been present, but have not been severe; have been unaccompanied by blood discharge, or not followed by miscarriage or abortion; moreover, it is not unlikely

that the use of opiates, in neuralgic cases, has interfered with the observation of the ecboic effect of the drug, a conjunction of remedies well illustrated in Cases II., III., and IV., recorded below.

The ordinary use of opiates in threatening miscarriage, suggested to me their administration before that of quinine in such cases, and the result was so encouraging in Case II., that I have, since then, used opium, morphia, and chlorodyne for this purpose, in several cases, and have now no hesitation in prescribing large doses of quinine to pregnant women suffering from malarial fever or neuralgia, or to reduce high temperature in other conditions. It is said that, in India, large doses of quinine are generally avoided in these cases, from fear of uterine disturbance (*Berliner Klinische Wochenschrift*, September 11th, 1882, S. 563), and on inquiry I find that a similar practice is generally prevalent among my colleagues in China. Hausmann (*Ibid.* S. 564) records a well-marked example of uterine contraction following the use of quinine in a case two months advanced in pregnancy, and expresses his accordance with the views of Hehle and Cochran, that the subjects most likely to be affected in this way are delicate, nervous women, wasted by a chronic ailment, and with a history of miscarriage. Hausmann concludes his paper with the remark, "since even a large dose (fifteen and twenty grains) only excited fleeting contractions of the uterus in my case, in spite of well marked predisposition, a therapeutic dose (which, however, he does not define) may be accompanied with excitation, or increase, of pains in still weaker persons, or by miscarriage with a very large dose." I regard fifteen grains as an ordinary "therapeutic" dose in malarial fever, such dose having frequently to be followed by a still larger one to arrest the disease.

Case I. is only interesting as being probably predisposed to the effect of quinine. A thin, delicate, nervous primipara, at the commencement of the ninth month, for a week before she was seen by a medical man, had suffered from fever which turned out to be remittent. On each of the evenings of October 26th and 27th, 1880, she took fifteen grains of quinine by prescription. I saw her, for the first time, on the 28th, when the first stage of labor was going on, she having spent an uneasy night, and the membranes having ruptured between five and six A.M. The labor finished in the evening. Here the temperature had been raised for a week without exciting pains, which, however, followed the administration of quinine. In this case there was no history of chronic ailment or miscarriage.

Before detailing the next case I may state that,

up to this point, I agree with Schröder in his view that the quinine was but a "problematic" oxytocic.

Case II. is of a much more interesting character; a pluripara, aged 29, having never miscarried, very thin, with a history of old spinal (bone) disease, and loss of power in the limbs, the latter being permanent. She had just recovered from a severe nasal catarrh and facial neuralgia—the description of the latter suggesting "lightning pains." I examined for, and found the patella reflex well marked in both limbs. Sight was defective, and there was commencing optic atrophy. Six grains of quinine were given for neuralgia, about the middle of January, 1881, and were followed by uterine pains and contractions, so marked, that I was afraid to give any more that day, as I had intended doing. After these pains had ceased, I, however, tried three grains, but with a similar result. I then injected morphia subcutaneously, and kept her under its influence for two or three days, when the neuralgia ceased. She was seized on January 30th with quotidian ague, when I ordered one-grain doses of quinine every hour; but after the third dose the uterine pains set in, and I stopped the medicine. On the 31st, six doses, each twenty grains of soda salicylate, were given, without any apparent effect on the fever. On February 1st, ten grains of quinine were given after a quarter of a grain of morphia by the skin, and also forty grains of salicylate of soda by the rectum. No pains followed, but the temperature rose from 98° in the morning to 103° in the evening. On February 2d, morphia was again injected subcutaneously, and followed by sixteen grains of quinine. February 3d, morphia and twenty grains of quinine. February 4th, 9 A.M., morphia and twenty grains of quinine, followed at 4 P.M. by ten grains, and at 7 P.M. by other ten grains of quinine. From February 1st no pains were observed or felt, and the fever, absent on the 5th and 6th, returned slightly (101.7°), on the evening of the 7th, when twelve grains of quinine were taken without morphia, were followed by uterine action, which continued all through the 8th. This patient gave birth to twins at full term in April.

CASE III.—A delicate pluripara, aged 36, three and a half months pregnant, having threatened miscarriage in the second month, was seized with intermittent fever on May 5th, 1881, and on that day four doses of salicylate of soda, each twenty grains, were given, without any effect on the fever. On the evening of the 6th, the temperature being 103°, at 8 P.M. twenty-five minims chlorodyne; and at 9 P.M. fifteen grains of quinine were given. On the 7th, the temperature, from 99° in the morning,

rose to 101.2° in the evening, and no pains having been felt, at 8.30 P.M. sixteen grains of quinine were taken without chlorodyne. On the 8th, at 1.30 A.M., pains and bearing down came on, and ceased on taking twenty-five minims of chlorodyne. She left for Nankin on May 13th, and returned to Shanghai on August 29th, much reduced from chronic diarrhœa, being literally "skin and bone," and nearly seven months advanced in pregnancy. I saw her on board ship at 4 P.M., with a temperature of 105° and pulse 120. Fifteen grains of quinine were at once administered, and as she had had a starch and opium enema before I saw her, no other opiate was given. At midnight the temperature being 104°, twelve grains more of quinine were taken. On the 30th the morning temperature was 98.4°, and the stools being dysenteric, the large bowel was washed out with large enemata of a saturated solution of boracic acid in water, and the opiate enema continued. On the evening of the 31st the temperature again rose to 104°, and fifteen grains of quinine were given. There was no rise of temperature after the 31st, and no uterine disturbance manifested itself at any time. A child was born at full term. This case was a most anxious one, and, without opium, I would scarcely have ventured to give twenty-seven grains of quinine in eight hours. The patient was not a nervous one.

CASE IV.—A primipara, aged 23, delicate, very thin, with a highly nervous temperament, with a history of "fits" before her arrival in China, six and a half months pregnant, was first seen on March 3d, 1882, at the end of the first week of what turned out to be enteric fever. Fifteen grains of quinine on the 3d were followed by slight rhythmic pains in the abdomen, not ascertained, however, by palpation, to be uterine. On the 5th, twenty-two and a half grains of quinine, followed in an hour by twenty-five grains of chloral hydrate and thirty grains of bromide of potash, were given, and no pains were complained of or observed. On the 7th, twenty-two grains of quinine were followed by uterine pains, which continued on the 8th, and were accompanied by foetal movements. Two doses of chlorodyne (each twenty-five minims) were followed by cessation of these pains. The interval between the two doses of chlorodyne is, unfortunately, not recorded. On the 9th, twenty-five grains of quinine, after twenty-five minims of chlorodyne, were given in the evening, and slight pains were felt during the night. On the morning of the 10th twenty-five grains of quinine were given, and no pains are entered in my notes for that day; but on the following one, I observe that chlorodyne was given (there being one hard motion), and the

expression "no pains" follows. This patient gave birth to a full-time child.

Other cases I have observed and treated in the same fashion; but as they were either under observation for only a short period, or as the evidence afforded by them was negative, no record was kept. A fifth case, one of enteric fever in a highly nervous pluripara, at the end of the second month of pregnancy, affords evidence, on the whole, supporting the view set forth in this paper; but unfortunately, as pregnancy was not even suspected, and although abdominal pains are recorded as following quinine without an opiate, my attention not being specially directed toward the uterus, no attempt was made to localize them. One point suggested by the case is the possibility of chloral hydrate (given with bromide of potash), being another antagonist to the ecboic action of quinine. This patient is now in the fifth month of pregnancy.

Having remarked that the disagreeable feeling about the head, and the singing in the ears, were much less prominent after a dose of quinine preceded by an opiate, I now frequently order a dose of chlorodyne shortly before a large dose of quinine, in cases where no uterine disturbance is in question. I may add, that I have, on several occasions, observed the menstrual discharge increased, or come on before its time, after the administration of a large dose of quinine.—*Brit. Med. Jour.*

GULSTONIAN LECTURES ON STERILITY IN WOMAN.
Delivered in the Royal College of Physicians,
London, February, 1883. By J. MATTHEWS
DUNCAN, M.D., F.R.C.P.L., Physician-Ac-
coucheur and Lecturer on Midwifery at St.
Bartholomew's Hospital, etc.

MR. PRESIDENT, VICE-PRESIDENT, AND GENTLEMEN: Sterility is generally considered to imply the condition of a woman who, under ordinary favorable circumstances for reproduction, does not bring forth a living and viable child. But the term is used with many other meanings, and I shall not state a definition, because I have no right or power to enforce adherence to it, and because, meantime, it is indispensable to have the word for various uses, and with the use of appropriate qualifying words ambiguity may be avoided.

Fecundity is a condition unique in gynæcology in this respect—namely, that it requires the combined matter and forces of two duly developed individuals to produce it. Sterility, therefore, may depend on error in one or in other, or in both.

The sterility of man as compared with that of woman is a simple matter. It depends on failure to

produce semen, the production of semen more or less incomplete or imperfect, or of morbid semen (that is, semen conveying disease), or on failure to deposit the semen properly. With a view to investigation, the semen can be subjected to chemical and microscopical analysis, and the depositing organ can be examined and the conditions of deposition can be to a great extent ascertained. In woman the coördinate substances and functions are hidden and much more complex, and in her there are great organs and functions which have in the male no equivalent representative.

In the present lectures the sterility of man is not a subject for consideration, but one point in it cannot be passed over without some discussion and estimation—namely, its numerical amount. Much of our knowledge of the sterility of women consists in numerical statements of amount under various circumstances, chiefly in marriages; and all such statements have a positive value for the physician, and still more for the political economist. But it is plain that, inquiring into the amount of sterility due not to unions but to women, we must exclude what is due to the male. Some good notion of the amount of this latter sterility is therefore indispensable.

Several investigators have attempted the solution of the question in recent times; but I refer only to the new work of Gross on Male Sterility. "It is not at all uncommon (says he) for physicians to assume that a man who is potent, and who is able to ejaculate, is capable of procreating. As a result of the omission to examine the emitted fluid, and carefully to explore the male organs, little is known of the relative frequency of sterility in the two sexes; and gynæcologists, with the exception of those mentioned below, do not appear to have made any contributions to the solution of this important subject. I have been able (he continues) to collect one hundred and ninety-two cases in which examination of both the husband and the wife demonstrated that the former was at fault in thirty-three or in seventeen per cent. Of this number Manningham records one in thirty; Pajot, seven in eighty; Mondot, one in ten; Kehrer, fourteen in forty; Courty, one in ten; Noeggerath, eight in fourteen; and I myself have found that the male was deficient in one example in eight. The cause of the sterility was azoospermism in thirty-one, and aspermatism in two. These facts show that the husband is at fault in about one case out of every six."

The matter, is, however, still in a very insecure state, as may be shown by the statement of facts and considerations which must have important bear-

ings on the question, but which have, so far as I know, been entirely neglected. Thus, it is assumed that by examination of the male and female we can decide whether one or other or both are at fault. Now, no doubt, impediments or complete barriers to reproductiveness may be found in individuals of either sex; but in the great majority of cases of sterility no impediment or barrier can be discovered by the most careful and minute investigation; and this is verified by comparative observations in animals and in plants, wherein such inquiries can be carried to a completeness not attainable in the case of men and women. It is held that the man is not at fault if he duly ejaculates microscopically perfect semen, but this is certainly not a warranted conclusion, as facts in human and comparative physiology, to be hereafter stated in these lectures, will show. In making estimates of male sterility, no account is taken of the fact that the faulty condition of a man's semen may be only temporary. It is forgotten that sterility may be due to faults in the semen, even though conception has taken place, and pregnancy been established; the fœtus fading and dying prematurely from inscrutable causes, or being monstrous and not viable, or perishing from disease implanted in it by the male. It is forgotten that both parents may be simultaneously at fault, and this with or without discoverable cause, generally without discoverable cause.

Speaking of the sterility induced by domestication and that of hybridity, Darwin remarks that in both the sterility occurs in various degrees, and in both the male element is most liable to be affected, but sometimes the female more than the male. In another place, speaking of the liability of plants to be affected in their fertility by slightly changed conditions, he says it is the more remarkable, as the pollen, when once in process of formation, is not easily injured; a plant, he adds, may be transplanted, or a branch with flower-buds be cut off and placed in water, and the pollen will be matured. Pollen also, when once mature, may be kept for weeks, or even months. The female organs are more sensitive, for Gärtner found that the dycotyledonous plants, when carefully removed so that they did not in the least flag, could seldom be fertilized; this occurred even with potted plants if the roots had grown out of the whole at the bottom.

Whatever may be the causes of sterility in woman, there is a universally prevalent belief, which no investigations have shaken, that in the human species the paramount source of sterility is in the female. I know no scientific statement worthy of confidence as to the comparative influence of the two sexes;

and the data of Gross, which I have quoted, contributing as they do toward the settlement of this question, are of importance and value in themselves, though they are far from substantiating the conclusion as to the amount of male sterility which he enunciates.

Of the sterility of women, in whom, from gross and well-known causes, conception is impossible, these lectures take no account. Among such are cases of absence of uterus and of imperforate vagina—conditions so rare that, in the present imperfect state of our knowledge, they do not affect statements as to women generally.

In describing sterility it is common to qualify it as absolute or as relative. No author on human sterility uses the term, without qualification, as including relative sterility. But when used without qualification it includes at least absolute sterility.

Absolute sterility, sometimes called congenital, including all cases where there is no child, no miscarriage, no abortion, however early, comprises two sets: first, those where there is no conception, and, second, those where the impregnated ovum disappears in the tube or in the uterus without leading to what is recognizable as an early abortion. Some cases of women aborting every month are known; there is discharge of a highly developed decidua vera every four weeks, and there may be no trace of an ovum in it; and this monthly discharge is arrested by suspension of cohabitation. But there may be many abortions earlier than this without these conditions, and of such practically nothing is known; they are classed along with those cases of absolute sterility where it is supposed that no conception takes place. In cases where there is no conception there may be no possibility of conception from the failure of the ovary to prepare and mature an ovum. These varieties of absolute sterility are well illustrated and easily made out in the history of animals, and still more of plants.

Sterility, not absolute, implies the failure to produce a viable child, while there may be evidence of conception—that is, of the commencement of the production of an embryo. A woman may be sterile because the ovum perishes in utero or becomes unnaturally developed, as in myxoma of the chorion and some monsters; and this premature death or unnatural production may be owing to ovuline imperfections derived from the male or from the female. A woman may be sterile because the womb does not afford to the ovum due accommodation, or nourishment, or neither; or because the womb ejects it prematurely from its cavity; and these un-

natural conditions and events may arise from either local or constitutional causes.

In absolute sterility and in sterility not absolute there is no production of a viable child, no addition made to the population; and all such sterility is sometimes, especially by economists, considered absolute; for indeed, in the point of view of population, it is so. But it appears to me desirable to restrict the term absolute sterility to those cases where there is no evidence even of conception. Sterility indicates a larger group, including that of absolute sterility, and all those other cases where no addition is made to the population.

There is another great department of sterility no less important than the kinds just mentioned, where a woman may produce one or even several living children, but, in number, not according to her conditions of age and length of married life. This is called relative or acquired sterility. The gardener may have a plant, producing not a single flower, absolutely sterile; or producing flowers, and setting seeds, but bringing none to maturity, or if to maturity not to perfection—a sterile plant which cannot continue its species; but he may also have a plant which produces flowers and matures perfect fruit, but in such small number as not to save it from the charge of sterility; and this is relative sterility. In woman it is often seen in cases of production of a single child—an only-child sterility, if such a seeming contradiction in terms can be permitted, of which we often hear. A woman may be relatively sterile from producing, according to her age, only a small number of children with ordinary intervals between successive births, or from the number being rendered small by the extraordinary delay or loss of time between successive births, and in other ways.

All kinds of sterility may be congenital or may be acquired. It is therefore undesirable to use these terms as indicative of distinctions. For instance, an absolutely sterile woman, one who never conceives, may be so not merely from congenital causes, but also from disease acquired in advanced life; or, again, a relatively sterile woman may be so, not from an acquired cause, but from conditions which were congenital in her.

The amount of sterility in women (including the relative kind) is found by counting the number of productive and of unproductive marriages of women within the reproductive age, or from fifteen to forty-five. Lever, giving no numerical details, says that 5 per cent of married women are wholly unprolific. West found the average of sterile marriages among his patients at St. Bartholomew's Hospital to be 1 in every 8.5. Hedin, a Swedish minister, noticed

that in his parish of 800 souls one barren woman is met with for about ten fertile. Frank and Burdach roughly state that only one marriage in fifty is unproductive. Simpson made an inquiry into the sterility of married women in Grangemouth and Bathgate. Of 210 marriages in Grangemouth 182 had offspring; 27 had none; or about 1 marriage in 10 was without issue. Of the 27 unproductive marriages all the subjects had lived in wedlock upward of five years, and in all the female had been married that period before she reached the age of forty-five. Of 402 marriages in Bathgate, 365 had offspring; 37 had none; or about 1 marriage in 11 was unproductive. There was at the same time living in the village 122 relicts of marriages, and of these 102 were mothers; 20 were not mothers; or about 1 in 6 had no family. In all, of 467 wives and widows, 410 had offspring; 57 had none; or about 1 marriage in 8 was unproductive. Of these last 57, 6 had not been five years married, and there were other 6 above the age of forty-five when married. If we subtract these 12 we have of 455 marriages 410 productive, 45 unproductive, or 1 in $10\frac{1}{2}$ without issue. Simpson found that among 495 marriages of British peers which had lasted five years more, and in which the husbands were under fifty-seven years of age, 81 were unproductive, or 1 in $6\frac{1}{2}$. Ansell found that among 1919 marriages of spinsters in the upper classes at an average age of 25 years, and not counting as childless those who had merely stillborn children, there were 152 without issue, or 8 per cent, or nearly 1 in 12. In this collection all the parents survived the child-bearing age, and he considered that there was no further chance of child-bearing if the female was

Over 48 and had had no child for 2 years.			
“ 47	“	“	3 “
“ 46	“	“	4 “
“ 45	“	“	6 “
“ 44	“	“	8 “
Under 44	“	“	10 “

I have taken the registers of Edinburgh and Glasgow for 1855 and have found the number of first living children in that year. With this I compare the number of marriages in that year. It is evident that the number of first children only should be counted, for they indicate all the wives who are not sterile. If one living child is born to a marriage, that marriage is not sterile. Further, it is evident that, although the first births in 1855 will not all pertain to the women married in that year, it may be assumed that if the marriages be nearly the same in number for a few contiguous years, the first births

in one year will give the fertility very accurately of any of the contiguous years. From this fertility the sterility can be easily computed. Now in 1855 there were, in Edinburgh and Glasgow, 4447 marriages, and 3722 first deliveries of living children, leaving 725 marriages sterile, or 1 in 6.1. But in these figures are included 75 marriages which did not take place till after the women had passed forty-four years of age, and these will damage the physiological value of the statement, as these 75 women could not be expected to be fecund. Of women between the ages of fifteen and forty-four inclusive there were married 4372; among women of the same ages 3710 had first living children, leaving 662 marriages sterile, or 1 in 6.6. In other words, 15 per cent of all the marriages between fifteen and forty-four years of age, as they occur in our population, are sterile. But this final estimate from the Edinburgh and Glasgow data has to be corrected for the dead born, these being not counted.

We have thus fairly good statements of the amount of sterility which are not very different from one another:

Patients in St. Bartholomew's Hospital..	1 in 8
Inhabitants of Grangemouth.....	1 in 10
Inhabitants of Bathgate.....	1 in 10
British peers.....	1 in $6\frac{1}{2}$
Upper classes (Ansell).....	1 in 12
Inhabitants of Edinburgh and Glasgow ..	1 in 7

Omitting that of British peers, the highest estimate is the last, and it is probably the only one in which living children are used, to the exclusion of dead, as the index of fecundity. Were dead children included, there would be a great reduction—at least 4 per cent. The lowest estimate of sterility is that of Ansell. In it a woman having a stillborn child is held as fertile, and the women are the very best in the community, those living in easy circumstances and making use of the protection of life insurance; were it otherwise, the estimate of sterility would no doubt be higher. We have thus estimates of sterility varying from 1 in 7 to 1 in 12, and may have considerable confidence in laying down 1 in 10 as very nearly the true amount.

I know no estimate of those who are absolutely sterile—that is, who do not conceive, or who, if they do conceive, give birth to not even an abortion. But there are a large number in the better classes, for within the last five years there have consulted me at my house, mostly on account of sterility, 504 absolutely sterile women, married between the ages of fifteen and forty-five, and of these 337 were more than three years married. Though this shows a

large number in existence, it gives no ground for an estimate of frequency among the married. The following table gives a classification of these 504 married and absolutely sterile women, according to the age at marriage and number of years married :

TABLE I.
Case-book Table of Sterility.

Age at marriage.	Years married.							Totals.
	Under 3.	4 to 8.	9 to 13.	14 to 18.	19 to 23.	24 to 28.	29.	
15-19	12	19	15	4	7	2	1	60
20-24	70	66	37	24	13	9	—	219
25-29	47	51	20	8	8	—	—	134
30-34	26	20	8	4	1	—	—	59
35-39	6	13	4	—	—	—	—	23
40-45	6	3	—	—	—	—	—	9
Totals..	167	172	84	40	29	11	1	504

It is certain that all populations are relatively sterile ; and the economist makes many estimates, such as the deficiency of offspring of the actual marriages, or the deficiency of the actual births below what they might have been had all the women in the population been married at the most favorable time for child-bearing. The solution of these and similar questions is an object of greater interest to the statesman than to the physician. They demand, for their solution, much calculation, and need not be entered on here.

The degree or amount of relative sterility of the average individual varies, of course, according to the age at marriage, and it is not to be estimated by the deficiency below what is possible in child-bearing, but below the average amount of fertility in marriages at the various ages, or below what is not excessive, what can be done without injury to the average mother's health.

The average individual woman must be found and considered, for individuals vary extremely. It is not a rare observation, and I have one before me where the easy birth of a single child exhausted the fecundity of a healthy woman of twenty-five years of age at the time of the birth, and completely ruined her general health during the remaining child-bearing period of life. This woman was examined by many physicians, and all concurred in finding no cause of the weakness and inability but the child-bearing. On the other hand, Ansell records the case of a woman married at twenty-one, who in twenty-seven years gave birth to twenty-five children, who all reached adult age, and the mother died of old age at eighty-eight.

Only-child fertility or one-child relative sterility occurs in two forms : as an exhaustion of the fertile energies, leaving the general bodily health vigorous, or as an exhaustion of both sexual power and

general constitutional strength. It is a relative sterility which is familiar to the public from its frequency and its importance in social respects. Ansell, in 1767 fertile marriages, with a mean age at marriage of about twenty-five years, and allowing ample time for the exhibition of fecundity, as we have already stated, found 131 cases of one-child relative sterility, or 1 in every 13 fertile marriages. The degree of this relative sterility may be approximated by comparing it with the average fertility of the same women, which was nearly 6 ; or, in other terms, the relative sterility of these 131 only-child fertile women was 655. Instead of having 131 children, they would have had 786 children if they had even reached the average fertility of their 1636 sisters, and they would have had still more if they had reached a normal fertility instead of this average fertility, meaning by normal fertility what they might have had without injury to health, judging them by other women.—*Brit. Med. Jour.*

PNEUMONIA. By W. S. Ross, Madison Ky.

I READ Professor Cabell's article in your journal of February 3d, 1883, on Pneumonia with great interest. My experience in the treatment of pneumonia coincides with Dr. Cabell's views, with a very slight exception. I reduce the heart's action with Norwood's tr. verat. viride to less than one hundred beats to the minute, and then give my patient quinia.

The doctor reduced the pulse of his patient to 75 beats on the 29th of October, but did not administer quinia until the 3d of November. If the quinia had been given earlier I think he would have cut short the disease. There are three stages in pneumonia. First, congestion ; second, inflammation ; third, sup-puration.

I endeavor never to let my patients go into the third stage. If called in the first stage I give my patient either chloroform or sul. æther internally in order to hasten reaction. I then control inflammation with Norwood's tr. verat. viride, and meet the next exacerbation with quinia. By this means I cut short the disease. I think the first twelve hours' treatment, in the first stage of pneumonia, is worth more to the patient than five days' treatment there-after.

I can illustrate my views more fully by quot-ing from an article of mine on the use of verat. viride published in the *Western Medical Reporter*, July, 1881 :

"This is one of the most valuable remedies contained in the materia medica. Its specific use is to lessen the frequency of the heart's action and remove obstruction to the circulation. It is the

remedy for sthenic fever and inflammation. In all inflammatory diseases it is the sheet-anchor, as with its use we can control the action of the heart. In doing this we cut short inflammation by shutting off the undue supply of blood to the part inflamed, and relieving the capillaries. This, we presume, is beyond cavil.

"Suppose, for instance, it requires one thousand strokes of a pump in twelve hours to keep a reservoir full of water, and the pump should make fifteen hundred strokes in twelve hours, would not the reservoir run over? It requires seventy-two beats of the heart in a normal condition to supply the system with blood; but if inflammation exist, for example, in the lungs, the nervous excitement produced thereby will increase the action of the heart 144 beats to the minute, which will throw double the amount of blood into the inflamed lung.

"In almost all of our diseases we have to contend with malarial poison, congestion every twenty-four hours, unless combated with quinia or some alkaloid of Peruvian bark. We cause an intermission by giving *verat. viride*, and then meet the exacerbation by quinia, and by this means we cut short the disease. I have used *verat. viride* for twenty-three years in all inflammatory diseases, dispensing it to old and young. I look upon it and it has proven in my hands to be a safe, reliable heart sedative. It slows the pulse and checks inflammation as surely as regulating the pump prevents the reservoir from running over.

"Drs. Stillé and Maisch, in their article on *verat. viride* in the 'National Dispensatory,' say: 'The suggestion has been made that the effects of *verat. viride* and depletion are so similar that the drug may serve as a substitute for the operation. Upon which it may be remarked that the condemnation of *verat. viride* upon scientific grounds has been so general and complete that to advocate a medicine on account of its supposed analogy to depletion is not to recommend it. Nor is it to be forgotten that this identical reason was at one time urged in favor of substituting *digitalis* for depletion. But venesection does much more than reduce the pulse rate in inflammatory affections (and indeed in comparison with green *verat.* its action is in this respect insignificant); it takes away from the blood a portion of the solids which sustain the inflammatory process, and supplies their place with water; it also removes from the system a portion of the effete matter produced by inflammation, and which tends to convert the circulatory fluid into a poison. Cardiac sedatives, of which the drug under consideration is the type, tend to retain in the blood all that is injurious in it, and

green *verat.* at the same time reduces the patient to such a state of wretchedness that he is unable to take food or to digest it if he ate it, or even to find energy to cling to that last refuge of sufferers—hope.'

"According to my experience venesection not only depletes the system indefinitely, but lowers the powers of the system in such a manner that the patient cannot resist the disease, but succumbs to it. *Verat. viride*, on the other hand, diminishes the number of beats of the heart, and by that means shuts off the abnormal amount of blood from the inflamed part. By venesection you take away the vital fluid from the system at the same time you are removing the poison. The one overbalances the other. The advantage of using *verat. viride* is that its effects are easily overcome by the administration of stimulants. Depletion from venesection requires many days to build up the system to the point at which it was when venesection was resorted to; in the mean time the patient is in danger of slipping through your fingers. On the contrary, *verat. viride* can be given in quantities sufficient to bring the patient under its influence and hold the pulse in that condition any length of time without depleting the system. Withdraw the remedy and administer stimulants, and the system rebounds and recuperates rapidly; the system has lost no blood and strength, as is the case in venesection, and it does not require days and weeks to manufacture new blood. While surgeon in the United States Army I treated a lieutenant who was laboring under a continued fever; pulse 120 to 130.

"I gave him *verat. viride* in five-drop doses every three hours. His sister, an intelligent lady, was his nurse, and she thought if five drops would do him any good a teaspoonful would do more good, so she gave it to him. In a short time he complained of sick stomach, hiccup, and great prostration, and the symptoms were alarming to her. She called in the medical director, who was boarding in the house; he examined the case, and sent for me; I was in camp a mile away, but went at once to the house, and the moment I stepped in the room I knew what was the matter—an overdose of *verat. viride*. I administered brandy, and the patient recovered rapidly. Had venesection been carried to a similar extent the ultimate result would have been very different; convalescence would have been slow."

A great many physicians believe that pneumonia is a self-limited disease; that it runs its course no matter what treatment you adopt. The pneumonia we have in this part of the country can be cut short or aborted. The great object in treating pneumonia is to control congestion, and that can be done with quinia and carb. ammonia. The inflammation pro-

duced by the congestion can be controlled by the use of verat. viride.

I endeavor to prevent the patients having more than one exacerbation ; do this and you abort the disease.

SELECTIONS.

AN ACCOUNT OF TWO HUNDRED AND EIGHT CONSECUTIVE CASES OF ABDOMINAL SECTION PERFORMED BETWEEN NOV. 1st, 1881, and DEC. 31st, 1882.* By LAWSON TAIT, F.R.C.S. ENG., Surgeon to the Birmingham and Midland Hospital for Women.

ANALYSIS OF THE SERIES.

	Cases.	Deaths.		
Exploratory Incisions...	13	0	} Mortality 5 per cent.	
Incomplete Operations...	8	4		
Operations for Cystoma :				
One Ovary	36	2	} 112 cases, 3 deaths. Mortality 2.6 per cent.	
Both Ovaries	28	1		
Parovarian Cysts...	12	0		
Hydrosalpinx	16	0		
Pyosalpinx	20	0		
Removal of Uterine Appendages :				
For Myoma.....	26	2	} 39 cases, 5 deaths. Mortality 12.8 per cent.	
“ Chronic Ovaritis.	12	2		
“ Menstrual Epilepsy	1	0		
Hepatotomy for Hydatids.....	2	0	} 35 cases, 4 deaths. Mortality 11.4 per cent.	
Hydatids of Peritoneum.	2	0		
Cholecystotomy for Gallstone.....	2	0		
Radical Cure of Hernia.	1	0		
Nephrotomy for Hydatids.....	1	0		
Nephrectomy.....	1	0		
Intestinal Obstruction..	1	1		
Solid Tumors of Ovary.	3	1		
Hysterectomy for Myoma	10	2		
Cysts of unknown origin	1	0		
Tumours of Omentum...	1	0		
Pelvic Abscess opened and drained.....	7	0		
Chronic Peritonitis.....	4	0		
208		16	Mortality 7.7 per ct.	

When Simpson coined the word ovariectomy to describe conveniently the operations which were being done in large numbers, and with great success, by Charles Clay, of Manchester, he conferred a benefit which was acceptable at the time ; but he added a burden to our nomenclature which has become a real element of confusion. The word “ ovariectomy,”

of course means cutting the ovary, not its removal, and therefore it describes an incomplete operation far better than the complete excision of the gland. By custom, its use was limited to the removal of large cystic tumors of ovarian origin, and it was a long time before solid tumors of the organ were recognized and included in the list of ovariectomies. But a far more serious mistake than this was made, and is still maintained by Mr. Spencer Wells and others, by the inclusion of parovarian cysts in the list of ovariectomies. When we carefully read the descriptions of the early cases of “ ovariectomy” in England, those between 1827 and 1842, we find that there is not a single real ovariectomy among them ; they were all cases of removal of parovarian cysts. The first ovariectomy—that is, the first removal of a diseased ovary—in this country, was done by Charles Clay on September 27th, 1842.

I do not need to tell my present audience that the existence of a parovarian cyst does not necessarily involve any disease of the ovary or tube, or that, in the great majority of cases, the ovary and tubes are not even associated intimately with the tumor. When they are so associated, they can be easily separated from the cyst, and their removal is no more necessary than is the removal of the uterus. Pathologically there is no relation whatever between a parovarian and an ovarian cystoma ; and, surgically, the only points they have in common is that, for the removal of both the abdomen must be opened and their pedicles secured. The operation for removal of a parovarian cyst has had, in my experience, no mortality at all, and has very rarely difficulty of any kind in its performance, statements which could not be made about ovarian cystoma. It is perfectly clear, therefore, that for any general statistical purpose, all cases of parovarian cyst must be eliminated from the list of “ ovariectomies.”

We have, then, the word “ ovariectomy” limited in its application to the removal of an ovary, and the question arises, Shall it be confined to the removal of diseased ovaries, or extended to include cases where the ovaries are removed for reasons which do not arise in any disease of their own tissues ? No precise answer has been given upon this question ; and, though I have raised it over and over again, I cannot succeed in getting it discussed. All that is done, is to apply the word oöphorectomy” to an undefined class of cases, this word having clearly a different meaning in the mind of each person who uses it. “ Oöphorectomy,” curiously enough, was the first technical term used for the removal of a cystic ovary ; by many foreign writers it is still used with this meaning, and, for this purpose, it is by far

* Read before the Birmingham Branch.

the more correct of the two. It is evident that, for the sake of mere common-sense, two words meaning literally different things, cannot be retained to mean the same thing; and it is equally clear that the more complete and exact term of the two cannot have the less complete and more inexact application.

I am, therefore, strongly disposed to throw both words overboard, and wait patiently for a new and better nomenclature, when the present evil traditions shall have lost their hold on the professional mind. This I have already done in the case of "oöphorectomy;" and, as I have narrated my reasons at some length in every paper I have written on the subject for the last five years, I might be excused if I passed the matter over in silence, as I should do were it not that I am persistently misrepresented on this subject by those whose interest it is to misrepresent their rivals in practice. If by "oöphorectomy" is meant removal of healthy ovaries, then I have performed the operation five times, and not seventy times, as Mr. Knowsley Thornton stated recently in the *Lancet*, ignoring what I had said in the very papers he was quoting. A very large proportion, more than half of these cases, were instances of cystic disease of the ovary, and, from my records, it would be easy to place a series of cystic ovaries in order, running from 100 grains in weight up to 109 pounds. Now, who is to say, or rather who has said, at what size or weight a tumor confers upon its operation the name of ovariectomy, as against the derided "oöphorectomy?" I say here again, what I have said at least four times before, that double cystic disease of the ovaries is so frequently associated with uterine myoma, that it is perfectly impossible, in many cases, to say whether we are removing the ovaries for cystoma, or the uterine appendages for uterine myoma. Again, in cases of occluded Fallopian tubes, we constantly find the ovaries cystic; and as the glueing of the infundibulum on to the ovary is the fundamental cause of the occlusion, we have to remove the ovary. It is an "ovariectomy" in every sense of the term, pathological and surgical; and as the operations are admitted by every one who has tried them to be far more serious and difficult than what Mr. Spencer Wells calls "ordinary ovariectomy," for clinical and statistical reasons, they are far more deserving to be placed with removals of ovarian cystoma than are removals of parovarian cystoma.

My conclusion grows in strength as my practice extends, that it is in surgery, as everywhere else, absolutely impossible to draw hard and fast lines of separation, and, therefore, I adhere to what seems to me to be the only just line of record, to publish every case of abdominal section I perform in its

order of date, leaving my critics at perfect liberty to make what use of my cases they please, but reserving that right for myself. I must, however, protest against such criticisms as that lately made by Mr. Knowsley Thornton in the *Lancet* in the cases of Dr. Keith and myself, by the use of the figures in absolute defiance of the clear explanation given in the context.

Even for the word abdominal section, we have no clear authorized meaning. By its use, I mean an incision through all the structures of the abdominal wall, opening the peritoneum. Yet even this clear meaning must be occasionally violated, as it was in my last series, in which I published two fatal cases of removal of cysts in which the peritoneum was not opened, and in which we never knew the source whence the cysts originated. In the various columns, in each of which details are given for every case, these details are given as fully and carefully as is within my power; but here there is doubtless great room for differences of opinion, if I may judge from the opinions I have formed from instances known to me outside of my own practice. One or two illustrations will serve to indicate my meaning. Some years ago I was present at an operation on a knee-joint performed by a very well-known surgeon. He was unfortunate or clumsy enough to divide the popliteal artery, and he had to finish his work by an amputation. In some statistics I discovered this case figuring as an unsuccessful amputation; but was this true? Was it not an unsuccessful excision of the knee-joint? Similarly, I have an instance more to my purpose from a trustworthy eye-witness; and of it I can only say that the operation was not performed anywhere near Birmingham. For uterine hæmorrhage, it was resolved to remove the appendages. Unfortunately the surgeon who operated has, or had, a theory that for this proceeding it is necessary to include the ovarian artery. He therefore planted his armed needles so close to the tumor that, when he came to tie the ligatures, they cut through the bases of the pedicles, tore veins, and caused such hæmorrhages that nothing remained but removal of the uterus. This case figures as an unsuccessful hysterectomy, and in a list of "oöphorectomies," where it should be, there is not a trace of it.

Similarly, concerning the word "recovery," there is apparently abundant liberty desired and taken by some recorders. I have, in the following list, one case in which there is doubt in my own mind as to whether I should rank it as a recovery or a death. It was the removal of a large cystic tumor densely adherent everywhere, and of an origin that is to this day somewhat doubtful.

At the time of the operation the pelvis was in a condition of suppuration; the right iliac vein was completely occluded; the thigh and leg being enormously swollen, and in this condition they had been for weeks. The patient went on perfectly well till the ninth day; the wound had closed; the drainage-tube had been removed; the limb was greatly reduced in size; and she died, I would almost say suddenly, with clear indications of pulmonary embolism. I may be wrong in reckoning this as a recovery, but it is the only case where there is room for doubt; and, in support of my action, I may quote a case from Mr. Spencer Wells's last list, No. 917. At page 389 of his recent work, this case is recorded as a recovery; but it is stated that the patient died after the removal of a foreign body from the bladder. At page 336 it is explained that this foreign body was a pair of forceps, and this occurrence is regarded by Mr. Wells as inexplicable. I think an explanation would not be difficult to find; and I think that, if this case is to be regarded as a "recovery from ovariectomy," anything may be so regarded.

Here, then, we have abundant evidence to show that there is the widest possible difference of opinion as to the fundamental principles on which statistical tables are to be compiled; and, as long as this is the case, I think it perfectly needless to compare the tables of one surgeon with those of another. The real lessons to be drawn are those based on the gradual progress of each surgeon through the whole of his practice; and, unless the whole be recorded, the material is absolutely worthless. Therefore it is that I trouble you with everything that I have done. Very much of that, of course, is of comparatively little value; but, without any one case, the whole had better not be given.

The cases which are included in this series go over a period of fifteen months; and this enables me to bring my series up to the date December 31st, which closes the hospital record, a matter of convenience to myself, and one which obviates confusion. Compared with a like period in my last series, there is an increase of over 50 per cent in the number of cases; and the total mortality is 7.7 per cent, as against 8.2 per cent of the preceding series. The number of exploratory incisions is 6.3 per cent, as against 8 per cent, and among these, as usual, there is no fatal case; this experience being quite in accord with all my previous experience, that the mere opening of the abdominal cavity is a proceeding as devoid of risk as any surgical operation can possibly be. I have never lost a case; and, if all we find stated as to the omnipresence and omnipo-

tence of germs were true, I think my experience would be somewhat different. Seven of these exploratory incisions were made merely for the purpose of ascertaining the correctness of the diagnosis of cancerous disease; and in two cancer was found where not previously suspected. In one case the abdomen was opened for the purpose of removing chronically inflamed and adherent ovaries, a purpose it was found impossible to accomplish. In another the operation was performed to ascertain the nature of a tumor which was found to be in the head of the pancreas. The patient was a girl aged 19, sent to me by Dr. Cunningham of Oldbury, and the operation was performed on March 28. Dr. Cunningham tells me the girl is now in perfect health, and the tumor has disappeared; the case being another of the mysterious cures effected by opening the peritoneum.

In my list there are eight incomplete operations, with four deaths among them; this, again, being corroborative of what I have always said, that incomplete operations have a very high mortality. With two exceptions, these incomplete operations were cases of cancerous tumors. The exceptions were both, curiously enough, cysts of the mesentery, one of which died, and the other has been completely cured.

Of cystic tumors of the ovary and parovarium, I have operated in all upon seventy-six cases, with three deaths, or a mortality of 3.6 per cent., the mortality of my last series being 3.49 per cent.; and the coincidence here is so striking that I think I am quite justified in what I have repeatedly said, that in experienced hands the removal of ovarian tumors ought to have a mortality not exceeding five or six per cent. In all these cases death seemed to be quite unavoidable. One was a case of an enormous tumor, which had been tapped sixteen times; another was a similar case in a patient aged 72; and the third was 65 years of age. I think if I had been merely regardful of my statistics, I might quite legitimately have refused to operate on the first and third of these fatal cases. All three show the dangers of delayed operations, and justify me in repeating what I have frequently said before, that if ovarian tumors are operated upon as soon as discovered, *and never tapped*, there would be a mortality hardly perceptible. The third case, 72 years of age, was sent to me from Bradford, and she was of such immense size that I had to tap her before she could lie down. She was very much exhausted, but rallied well in a few days. She began to fill again with great rapidity, so that the removal of the tumor had to be hastened. The adhesions were more dense

than I have seen in any but one case. In this instance I did not use a drainage-tube, and I regret it, though I do not think it would have brought about a different result. That tapping is rapidly being given up is proved by the fact that, of the other seventy-three cases, only two had been tapped. In the second fatal case, aged 65, I had to remove both ovaries, and an old myoma, recognized many years ago by Mr. Baker Brown, was left. There was no *post-mortem* examination; but I suspect that, after the operation, this old tumor began to die, and its sloughing killed her. This patient also had her operation unduly delayed; so that in all these fatal cases I have a complete assurance that earlier operations would have almost obliterated my mortality.

Besides these seventy-six cases of what are known generally as "ovariotomies," there are two series, which include thirty-six cases without a death, which are as much ovariectomies for cystic disease as any of the previous seventy-six. They are cases of hydro- and pro-salpinx, cysts formed by occlusion of the Fallopian tube by the infundibulum being glued on to the ovary or pelvic wall, or being closed on itself. Sometimes these cysts are of very large size, holding two or three pints, and in such a state their removal is very easy. Generally, they are much smaller, holding a few ounces; and then their removal, by reason of dense adhesions, constitutes by far the most difficult class of cases I ever have to deal with. Why the simplest operation of all, the removal of a parovarian cyst, should be classed as an "ovariotomy," and held up for admiration, and those most difficult cases, dubbed "oöphorectomies," are held up to scorn, I cannot imagine. Adding these thirty-six cases to the seventy-six, I have one hundred and twelve cases of operation for cystoma with three deaths, giving a total mortality of 2.6 per cent.

The class of cases in which relief is afforded to patients by the removal of an occluded and distended Fallopian tube, associated, perhaps, with cystic disease or chronic inflammation of the ovaries, has, as yet, received no recognition in this country outside of Birmingham. There must be hundreds of women suffering in this way in London, but I have as yet heard of no operation of the kind having been performed there. A large number of my preparations are in the College of Surgeons' Museum, and I have read papers on the subject at the London societies; but the first recognition of my work has come from America. In September last, Dr. Emmett of New York paid me a visit and saw some of my cases, and on his reporting what he saw, my example at once had an influence. He took away with him some of my

specimens, and on December 21st Dr. T. Gaillard Thomas reported to the New York Academy of Medicine four cases of the kind I am now discussing—tubular cysts with diseased ovaries. The symptoms in his cases are precisely those I have described, such as recurrent pelvic peritonitis, intense pelvic pain, and profuse menorrhagia, no benefit from treatment, and increase of the suffering from the use of pessaries. The condition of the uterine appendages he describes just as I have described them, "ovaries covered with small cysts, and the tubes enormously distended with fluid, giving them the appearance of sausages." With equal correctness he describes the difficulties of the operation, and he gives to me an amount of praise and credit, with which it would be false modesty to say I am not deeply gratified. The complete confirmation of my work by such an authority as Dr. Gaillard Thomas is all I can desire.

My experience in these cases of chronic inflammation of the ovaries and tubes has confirmed an impression which I have long had, that women who give way to narcotics and stimulants have generally some strong reason for this excess, and that this is often to be found in pelvic pain. Quite a large number of the patients in these two classes have been habitual opium-eaters, and some have been drunkards, and the relief of their sufferings by the removal of the diseased organs has had the happiest results. One lady, who came to me from a very great distance, was in the most pitiable plight from the constant use of morphia. She had been taught the use of the hypodermic syringe, and her arms were covered with punctures, from the wrist far above the elbow, the skin presenting an appearance like that of chronic psoriasis. As far as I could discover, she was in the habit of injecting from five to ten grains of morphia daily, and she took an inordinate quantity of stimulants. The removal of two suppurating Fallopian tubes cured her of her pain, and she has taken no morphia and no alcohol since, now nearly twelve months.

The operation for the removal of the uterine appendages for the arrest of uterine hemorrhage, has now received complete approval; and the statements which I first made, that after the operation not only is the hemorrhage arrested, but the tumors shrivel and often entirely disappear, have now received complete confirmation, so that, after ten years' fighting, I feel that, upon this point, I have completely attained my object. In the present series there are twenty-six cases of this operation with two deaths, giving a mortality of 7.7 per cent. One of these deaths was due to septic poisoning, obtained indirectly from a case of scarlet fever. I need not say that

I regret the incident very deeply, but fortunately my conscience is free from the responsibility of it.

Within the period embraced by the present list, I have performed only one of Battey's operations—that is, an operation performed for the purpose of influencing disease indirectly by the artificial production of the menopause in a case of menstrual epilepsy. This is the fifth of its kind I have performed, and I am as yet very reticent as to my opinion as to its value. With the exception of these cases, I may here repeat what I have said in every discussion that I have undertaken on this subject—I never operate unless I have clear physical indications of pelvic disease, in addition to any narration of symptoms I may have from either patient or doctor, or both, unless the medical attendant will accept the entire responsibility of the proceeding. This fact has been entirely overlooked by my critics, and it has recently been the subject of a correspondence between the Editor of the *Lancet* and Dr. Eshelby of Milford.

In a paper published in the *British Medical Journal* for July last, I discussed at length the symptoms and treatment of chronic inflammation of the ovary, and, therefore, I need not say here anything on the general question. During the time covered by the present series, twelve cases have been sent to me in which the state of the patient seemed, to her medical attendants and myself, sufficiently wretched to justify the removal of the ovaries. Of these cases, three ended fatally. In two there was no doubt accidental infection of some poisoning occurred at the time of the operation, how I do not know with certainty, but the deaths were clearly septic. In one case I suspect the sponges were at fault, too great reliance having been placed on the virtues of carbolic acid as a disinfectant; in the other, I believe a visitor brought puerperal infection with him. Three deaths out of twelve cases is a very heavy mortality, and, if it were a permanent one, would be almost prohibitive. But I have learned from Dr. Keith that, in the great majority of cases of death, there has been something wrong in the operation. Impressed with this belief, I am always most anxious to discover the mistake and profit by the lesson. Tracing the cause of death in one case, as I believe, to a septic visitor, I am more than ever stringent as to who shall be present at operations; and, in the other case, having the strongest reasons to blame my sponges, I reorganized my arrangements for these dangerous articles, and now such care is exercised that I feel sure my risks are greatly diminished. The third death of this group was one of two cases which gave rise to a somewhat animated

discussion between Mr. Knowsley Thornton on the one hand, and Dr. Keith and myself on the other.

Mr. Thornton starts with the assumption that I either do not know, or that I will not admit, a death from septicæmia. The second alternative, amounting almost to a charge of dishonesty, is easily disposed of, for I have just indicated three such deaths. The other, a charge of careless ignorance on my part, or the assumption of omniscience on the part of Mr. Thornton, requires a little more notice; but it receives briefly an answer to the effect that neither Mr. Thornton nor I know precisely what septicæmia is. But we all recognize a peculiar form of death after operations, characterized by no constant symptoms, and by no constant pathological appearances, which used to be only too frequent, and to which, during my own lifetime at least, half a dozen different names and different theories have been attached. In my early days it was called surgical or hospital fever; then it was called pyæmia ichoræmia, mudanæmia, and now septicæmia; and I do not think we know a bit more about it than we did twenty years ago. Then, as now, we knew that it was due to some kind of intangible infection, bred in dirty and overcrowded hospitals, carried from one patient to another by slovenly nurses and careless surgeons, and now we are gradually banishing it by complete hygiene. When I was a student, I can remember assisting or being present at about five and twenty ovariectomies, and, I think, not one of those recovered. They were done by far more brilliant operators than I am; but these operators took none of the pains with minute details with which I burden myself morning, noon, and night. Everything was left to nurses and assistants, and no heed was given to the possibility of visitors carrying infection. Now it is all changed, and a five per cent mortality and the addition of numerous new operations of a kind undreamed of in my student days, are the almost daily results.

The question of Listerism has occupied a part of every paper I have read on abdominal surgery for the last six years, and I hoped that this year I should escape it; for, after trying it thoroughly, and, after having seen it practised by many others, I have, for now nearly three years, entirely discarded it, as a source of no safety in abdominal surgery, but even of considerable risk. My published experience on this subject has been followed by that of Dr. Bantock, Dr. Keith, and, lastly, by that of my colleague, Dr. Savage. Mr. Spencer Wells, in his last work, has confessed that it has entirely disappointed him; and Mr. Thornton stands alone in his support of it. The arguments against it are,

that Dr. Keith and I have obtained far better results without it than have been obtained with it. We have both shown that it is especially dangerous in operating upon patients with feeble kidneys; and so has Dr. Bantock; and we have quite independently expressed our belief that it will add four or five per cent to the mortality. In the correspondence I have alluded to, Mr. Thornton says, on this point (*Lancet* January 1st): "With regard to the action of carbolic acid on feeble kidneys, I can only say that I have not met with the dangerous results which have befallen Dr. Keith, Mr. Tait, and Dr. Bantock." But Mr. Thornton had forgotten, when he wrote this, what he had said in the same journal on June 5th, 1880. He there publishes a case, and among the comments occur these sentences: "It seems to be probable that the extreme congestion of the kidney was due rather to the carbolic acid than to the sympathetic irritation. It is obviously difficult to assign to each factor its share; but we know that there is often considerable congestion of the kidneys after ovariectomy, and that this has been decidedly increased in severity since the introduction of Listerism in abdominal surgery." It will be seen that in 1880 Mr. Thornton's experience was with us, but now his statement is against us. But, in the correspondence my allusion to feeble kidneys was to Mr. Thornton's own renal organs. It is an open secret that the carbolic acid has caused him trouble, and he has operated for some time with a mask of cotton-wool over his face on this account. All I can say about Listerism in abdominal surgery is this: there are five men in this country whose published cases show they are largely engaged in the practice of abdominal section—Mr. Wells, Dr. Bantock, Dr. Savage, Mr. Thornton, and myself; and, of these, four condemn Listerism, one speaks doubtfully about it, and only one supports it. A practically similar verdict is being arrived at in Germany, and has been already pronounced in America; and until something occurs of sufficient importance to make me reconsider my present opinions, I shall trouble myself further neither about Listerism nor Mr. Thornton.

The series concludes with a list of thirty-five cases of various operations, with four deaths. Two of these deaths occurred in cases of hysterectomy, two out of ten cases, giving a mortality of 20 per cent—an immense advance on Mr. Wells's mortality, as given in his recent book; for, out of thirty-nine cases, there were twenty-one deaths, a mortality of 53 per cent. This difference I attribute entirely to the use of my wire clamp, which secures circular constriction of the pedicle. In one of the fatal cases I used the ligature; and in the other the clamp was

put too low down, and strangulated a piece of intestine. With increased experience in the use of this clamp, I believe I shall have as good results in hysterectomy as in removal of ovarian tumor. It will be seen from this that I am very much disposed to alter the opinion I expressed in my last account.

There are two cases of hepatotomy for hydatids, and two cases of cholecystotomy for gall-stone, all four patients having recovered, and being now in perfect health. It may be perhaps necessary to say that, in these and in all similar operations now recounted, there was no adhesion between the tumor and the parietal peritoneum, but the wound in the sac was stitched to the abdominal wound in the way I have previously described.

This series also includes two cases of hydatids of the peritoneum, one tumor of the omentum, one case of radical cure of umbilical hernia by opening the sac and obliterating it, three large solid tumors of the ovary, one large cystic tumor of unknown nature, one case of nephrotomy for hydatids of the kidney, and one of complete removal of the kidney already published, one fatal case of abdominal section for intestinal obstruction, four operations for chronic peritonitis, and seven for pelvic abscess. These last cases, in which I have opened the abdomen, opened and emptied abscesses, stitched the two wounds together, and drained the abscess-cavity, constitute that advance in abdominal surgery of which I am most proud. Looking back, as I am sorry to say I can do, to a large number of cases prior to February, 1879, in which I dealt with pelvic abscess by the various methods then in use, so far as I can discover, more than half of these were not cured, but are either dead or continuing an invalid existence by reason of suppurating sinuses. Until I made this inquiry, I had no idea, neither I am sure has any one else, how difficult it is to cure a pelvic abscess. I have now operated on twenty-four cases in this way, and recovery has followed in every instance. In one case the wound never completely healed, and the patient died of pulmonary phthisis—a disease which I suspected to be in existence at the time of the operation. A second is not quite well yet, but the other twenty-two are perfectly cured.

The group of cases of which I should like to speak somewhat in detail, are those in which I have performed abdominal section on account of peritonitis, have cleared out the abdomen and drained it for a time. In the present series there are only four classed under this head, but there really ought to be nine, as that is the number upon which I operated on account of peritonitis; but finding a cause for the

disease after I had got inside, the others are classed under the pyosalpinx (2), parovarian cyst (2), and pelvic abscess (1).

This illustrates again how difficult it is to make a perfectly satisfactory classification of these cases. I opened the abdomen of a lady on account of acute peritonitis, and found its cause to be acute suppuration of the Fallopian tubes. She recovered completely, and is now in perfect health. On the 7th of November last, Dr. Pike, of Malvern, telegraphed for me to go over and make an exploratory incision in a patient under his care. When I got there I found that the patient, a young lady of 20, under the joint care of Dr. Wadhams and Dr. Pike, had symptoms of intestinal obstruction, with undoubted peritonitis. Dr. Pike had a suspicion, which he expressed before the operation, that it really was a case of acute peritonitis, from some trouble with the right Fallopian tube, symptoms of that having been in existence for two years, ever since the patient had been chilled while skating. Dr. Pike's diagnosis proved quite correct. I removed a large quantity of purulent fluid from the abdomen, and I found the contents of the pelvis all glued together with purulent lymph. There was no obstruction of the intestines, but the right Fallopian tube contained pus, and had burst. I removed it, drained the peritoneal cavity, and she recovered perfectly. Now the abdomen and pelvis are perfectly healthy, but within the last three weeks she has begun to suffer from some mysterious symptoms of which we cannot make any satisfactory explanation, save that they are probably spinal.

In the last account of my practice, which I published in the *Medical Times and Gazette* about a year since, I spoke of inflammation as follows: "So satisfied have I been with results in these cases, that the next case of peritonitis, to which I am called, of whatever sort it be—even puerperal—I shall advise and perform, if allowed, abdominal section, shall cleanse out the cavity and drain it, and if the operation be not deferred till the patients are moribund, I believe this treatment will prove eminently successful. Our views of peritonitis will, I am certain, soon undergo an immense alteration. The terms 'septicæmia' and 'septic peritonitis,' for which Mr. Spencer Wells is mainly responsible, and which have appeared in the mortality column as the explanation of the deaths after ovariectomy, are simple nonsense, and have led us astray altogether. In future we shall treat the peritoneum on the same principles as we treat other suppurating cavities, and with quite as secure results."

I have nothing to alter in these sentences. The success of drainage in saving many of the cases

which formerly died, proves that if we remove from the peritoneal cavity material which is over and above its absorptive power, or if we remove, in a similar way, its own effusion, under circumstances when its absorptive power is temporarily in abeyance and threatening, with the life of the patient, to be permanently destroyed, we can put a stop to all the trouble. It seems to me that, while there are cases of peritonitis which are really septic, that is, when some kind of poison gets into the peritoneum and speedily affects the whole system, just as the bite of a cobra does, they are in the minority, and that the great bulk of cases are not of this character at all, but are purely local, and that if we can help the peritoneum temporarily by drainage we can secure a triumph. In the cases of chronic peritonitis, this is constantly the case. One of these from my last series will suffice to illustrate my success.

E. T., aged 18, was sent to me in April last by Dr. Justin McCarthy of St. George's, Shropshire, who kindly gave me the following details of her history. She had been for some time under the care of an irregular practitioner, and came under Dr. McCarthy's care in a state of the greatest emaciation. Seldom had he seen any one more emaciated, unless in the last stage of phthisis—the skin drawn tightly as it were, over the cheek bones, and all the bony prominences visible under the skin. The abdomen was enlarged, the temperature about 102°, and the pulse about 120. The chief symptoms were vomiting and diarrhoea. When she came under my care, I found her quite as Dr. McCarthy described, and the presence of a large quantity of fluid in the peritoneum was apparent. I opened the abdomen on April 17th, and removed about three pints of purulent fluid, and a quantity of white flocculent clots. I emptied and cleansed the cavity as well as I could, and fastened in a drainage-tube. The tube remained in about a week, and, during that time, a large quantity of purulent fluid and small pieces of purulent lymph were discharged. When the stitches were removed, the wound opened completely, and several large masses of this white purulent clot were extracted, one of them being as large as a normal human kidney. The wound healed in June, and about September she had completely recovered her health. I saw her on October 31st, a stout, robust young woman, whom I never would have recognized as the girl who came to me only six months before.

This is the kind of operation which would have been regarded as madness about five years ago, but I think its success is enough to justify my rule concerning all these cases—"When the doctor is in

doubt, and the patient in danger, make an exploratory incision, and deal with what you find as best you can."

I have not yet had such an opportunity, as for a long time I have much desired, in trying the operative treatment in puerperal peritonitis. There is not so much hope in this field for its success, as I think there can be little doubt that the majority of these cases are purely septic. But, as very few of them escape, I think it would be worth trial; and I wish some of my brethren who are unfortunate enough to see these cases would give me an opportunity of trying it. The only difficulty is, that it is like tracheotomy in croup, it must be done before it is too late, and perhaps it may be done unnecessarily. This, however, is an argument against a great deal of our practice, both surgical and medical.

I cannot close this brief and incomplete record of my most recent practice without speaking, as I have done before, in terms of the highest praise, and with unfailing gratitude, of one to whom I owe much of my success, for his constant readiness and presence of mind in difficulty, and for his marvellous dexterity as an assistant—my friend Mr. Raffles Harmar.

[A detailed list of the cases, prepared in a tabular form, for purposes of reference and identification, accompanied the manuscript of Mr. Tait's paper, but through want of space we have been unable to publish it.—Ed. *Brit. Med. Jour.*]

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON. RELATION OF THE BACILLUS TO TUBERCULOSIS.

[Interesting testimony from able experts.—Ed.]

A meeting of this Society was held on the 12th inst., Mr. Francis Mason, President, in the chair.

Dr. C. T. Williams continued the debate on the Relation of Bacilli to Tuberculosis. Dr. Heron said that the bacillus had now been found in many organs, and in the living subject, in the sputum, in the urine, in an ulcer of the tongue, in lupus, and in an unopened knee-joint. He had found the bacillus himself in fifty-four cases of phthisis, and he believed that practically it would always be found in cases where physical signs of phthisis existed. But in some of these cases the physical signs were so slight that he should have hesitated to make a diagnosis without the aid of the bacillus. As regards prognosis, he

believed a few bacilli betokened a chronic course; a large number and persistence of them indicated a rapidly fatal course. The same results had been obtained by Balmer and Fraentzel. In rapidly sinking cases the bacilli were found in large numbers, often grouped into masses. This grouping indicated an unusually rapid course, and in one or two cases it had preceded by a day or two an aggravation of the symptoms. Some observations appeared to show that the bacilli might appear before physical signs were manifest. In some cases the bacilli, which had been present in moderate amount, had disappeared from the sputum for several weeks. In such cases he thought that the patient might be considered to be in a fair way of recovery. Heredity he had found to exist in 30 per cent of his cases at Victoria-park Hospital during four years.—Dr. Heneage Gibbes directed attention to two points: first, the difference in the structure of miliary tubercles in the lungs and the relation of the bacilli to those of different forms; and, second, the presence of bacilli in the smallest or commencing tubercles. He showed specimens of the two forms of miliary tubercle from cases which had run a very similar clinical course, and in which the naked-eye post-mortem appearances were very similar. Microscopically the tubercles in the one specimen were of the reticular form, consisting of a distinctly fibrillated structure with one or more giant cells and a caseous mass in the centre. In the other specimen the tubercles were non-reticular, having no fibrillation, no giant cells, but consisting of irregular cells in the periphery and a caseous mass in the centre. In the one form the surrounding vesicles contained catarrhal products, in the other fibrinous exudation. He had examined a large number of lungs affected with the reticular form, and had only succeeded in finding bacilli in three cases, and these in small numbers, distributed through the reticulum. In the non-reticular form, however, he had invariably found bacilli in large numbers in the caseous centre. Dr. Gibbes also pointed out that the bacilli were to be found in the smallest tubercles. A lung may be stuffed with tubercles, each one containing thousands of bacilli, and yet the patient will die before the destructive process has gone far enough to cause any of them to be ejected with the sputum. Thus there were two forms of fatal tuberculosis in which no bacilli could be found in the sputum; and he could not agree with Dr. West that little remained to be done on the subject. On the contrary, he felt sure that the threshold of the inquiry was only reached, and that it would require long and patient investigation before the relation of the bacilli to tubercle is fully determined. He added

that he had examined the lungs of guinea-pigs which had become tuberculous after being kept in the air shafts of the Brompton Hospital, and had found no bacilli in them; and he knew of an instance in which a guinea-pig inoculated with sputum from a case of phthisis presented a glandular abscess in the thigh which abounded in bacilli, whereas the external organs, although full of tubercles, did not yield a single bacillus.—Dr. Broadbent remarked on the number of views of the pathology of tubercle and phthisis that had been in turn presented to the profession. He himself had held that phthisis was one disease, and that that disease was inflammatory. We were now looking not for a particular histological element, but for a particular irritant to start the inflammation. There were still difficulties in accepting the bacillus as the universal cause of the process. One difficulty was the fact that the disease remains for so long a period limited to one lung. The question of the communicability of phthisis was not in any way affected by the discovery of the bacillus; and he thought that the issue of a circular on this subject by the Collective Investigation Committee was an injudicious step. He believed that the replies would be largely dictated by imagination, and unless the Committee were to go behind the evidence and estimate the value of each communication, the work of the Committee would be seriously discredited. He had found better results from disinfectant inhalations in phthisis than Dr. Williams had. The bacilli were, as Dr. Gibbes had pointed out, beyond the reach of inhalations, but the cavities must contain putrid matters, which it would be an advantage to disinfect.—Dr. Drysdale said that he had repeated Villemin's experiments on inoculation of tubercle with fatal result to the animals employed; but he was not satisfied that the lesions produced were tubercle. He had for several years sought dilligently for a case of transmission of the disease among his phthisical patients, but had failed to find one. In more than one half of private patients heredity was present; but it was difficult to obtain trustworthy family histories in hospital cases. He had found no good results from antiseptic inhalations.—In reply to the President, who asked whether in the case of the guinea-pig with glandular abscess the pus containing bacilli had been taken from the interior of the gland or from the surrounding tissue, Dr. Gibbes said it was from the interior of the gland.—Dr. Whipham, in reply, pointed out that the bacilli had been found in the urine in cases of tuberculous kidney, in the spleen, and in a closed suppurating knee-joint. The undisturbed position which bacilli needed for their development seemed eminently afforded by the apices of the lungs, which

might explain the selection of that part as the starting-point of phthisis. In two cases, the one related in his paper and another, the bacillus was demonstrated before physical signs appeared.

ORIGINAL CORRESPONDENCE.

440 EAST 57TH STREET,
NEW YORK, March 1, 1883.

DOCTOR: The institution inaugurated under the direction of the Woman's Christian Temperance Association is now ready to receive applications for admission.

The establishment—a large, handsome residence—is in a healthy, quiet, pleasant location. It will accommodate about twenty patients.

It is founded for the benefit of women of the better class, who have become addicted to the use of alcoholic liquors or narcotics.

The treatment pursued will be largely moral. Such medical treatment will be administered, however, as shall be required to alleviate present abnormal conditions and facilitate recovery.

It is designed to be a Christian home, and no patient will be admitted without satisfactory evidence of moral character.

Prices are moderate and vary according to the accommodations.

Should you have occasion to recommend any patient to this institution, such description and notes of the case as you may please to communicate will be appreciated, and will be regarded as under the seal of professional confidence.

Respectfully,

A. P. MEYLERT, M.D.,

Physician in Charge.

Patients who wish may preserve an incognito.

GORDONSVILLE, Ky., Feb. 20, 1883.

DEAR SIR: Having suffered severely for years from hemorrhoids, I have found relief by the use of ointment of iodoform. Have prescribed it in a number of cases with the most gratifying results. I use 20 grains iodoform rubbed up with an oz. of lard, and apply after each move of the bowels.

JNO. F. DEWITT, M.D.

REVIEWS.

STUDY AND STIMULANTS; or, The Use of Intoxicants and Narcotics in Relation to Intellectual Life, as Illustrated by Personal Communications on the Subject from Men of Letters and of Science. Edited by A. ARTHUR READE. Philadelphia: J. B. Lippincott & Co. 12mo, cloth, pp. 206. \$1.50. (*World*.)

Mr. Reade's book is made up of the answers that 124 literary and scientific men sent to his questions

whether they use tobacco or drink alcoholic liquors and what effects indulgence in these stimulants have on their intellectual faculties. The answers are more interesting as descriptions of the habits of famous men than useful as data for determining the effect of stimulants on brain-work. The most important conclusion that the editor draws from these letters is this: "Not one resorts to alcohol for inspiration." "This is an important discovery," he thinks, "and indicates the existence of more enlightened views in reference to the value of alcohol since Burns sang the praise of whiskey." His other conclusions are: (1) That alcohol and tobacco are of no value to a healthy student; (2) that the most vigorous thinkers and hardest workers abstain from both stimulants; (3) that those who have tried both moderation and total abstinence find the latter the more healthful practice; (4) that all work done under the influence of alcohol is unhealthy.

Mr. John Tyndall thinks that no general rule can be laid down, and he does not say whether or not he smokes or drinks. "In my opinion the man is happiest who is so organized as to be able to dispense with the use of both." Ivan Tourgueneff neither smokes nor drinks. Mark Twain thinks that "about two glasses of champagne are an admirable stimulant to the tongue, and are, perhaps, the happiest inspiration for an after-dinner speech which can be found; but, as far as my experience goes, wine is a clog to the pen, not an inspiration. I am forty-six years old, and I have smoked immoderately during thirty-eight years with the exception of a few intervals. . . . I began to smoke immoderately when I was eight years old; that is, I began with 100 cigars a month, and by the time I was twenty I had increased my allowance to 200 a month. Before I was thirty I had increased it to 300 a month. I think I do not smoke more than that now; I am quite sure I never smoke less." When he was thirty-three he "ceased from smoking during a year and a half. My health did not improve, because it was not possible to improve health which was already perfect. But I sat down . . . to write 'Roughing It,' and then I found myself seriously obstructed. I was three weeks writing six chapters. Then I gave up the fight, resumed my 300 cigars, burned the six chapters, and wrote the book in three months without any bother or difficulty. . . . I ordinarily smoke fifteen cigars during my five hours' labor, and if my interest reaches the enthusiastic point I smoke more. I smoke with all my might and allow no intervals." Mr. Hubert Herkomer once said: "It is no credit to me for being an abstainer. The credit is due to my father, who gave

up smoking, drinking intoxicating drinks, and eating meat at the same time about twenty years ago, and, as I was only ten years old then, I naturally grew into my father's habits. (I now eat meat, however.) The blessings of that reform have come down upon my children." Charles Kingsley "would work himself into a white heat over his book, till, too excited to write more, he would calm himself down by a pipe, pacing his grass-plot in thought and in long strides. He was a great smoker and tobacco was to him a needful sedative." Mr. George Augustus Sala says: "The greatest workers and thinkers of modern times have been inveterate smokers. At the same time, it is idle to deny that smoking to excess weakens the eyesight, impairs the digestion, plays havoc with the nerves, and interferes with the action of the heart. I have been a constant smoker for nearly forty-five years; but had I my life to live over again I would never touch tobacco in any shape or form. It is to the man who sits all day long at a desk, poring over books and scribbling 'copy,' that smoking is deleterious." Dr. Burney Yeo has written: "Some of the best things that have ever been said have been said under the influence of wine. The circulation through the brain is quickened, the nervous tissue receives more nourishment, the imagination is stimulated, and ideas flow more rapidly, but it is doubtful if the power of close reasoning be not always diminished." The Duke of Argyll does not drink, except "a small fixed quantity under medical advice, as a preventive of gout. Tobacco I have never touched." "I have never smoked," writes Mr. Matthew Arnold, "and have always drunk wine, chiefly claret. . . . Real brain-work of itself, I think, upsets the worker and makes him bilious; wine will not cure this, nor will abstaining from wine prevent it. But in general wine used in moderation seems to add to the agreeableness of life—for adults, at any rate—and whatever adds to the agreeableness of life adds to its resources and powers." Mr. Hubert H. Bancroft, the historian of the Pacific States, thinks that "some constitutions are benefited by a moderate use of tobacco and alcohol; others are not. But to touch these things is dangerous." Professor John Stuart Blackie writes: "My idea is that work done under the influence of any kind of stimulants is unhealthy work, and tends to no good. I never used any kind of stimulants for intellectual work—only a glass of wine during dinner, to sharpen the appetite. As to smoking generally, it is a vile and odious practice; but I do not know that, unless carried to excess, it is in any way unhealthy." Mr. Louis Blanc has never used either stimulant. Mr. J. E. Boehm

smokes when hard at work—"chiefly cigarettes." "I drink myself," says Mr. Robert Buchanan, "but not during the hours of work, and I smoke—pretty habitually. . . . With regard to tobacco, I have a notion that it is only dangerous where the vital organism, and particularly the nervous system, is badly nourished." Dr. W. B. Carpenter, "after many trials," has come "to the practical conclusion that I get on best, while in London, by taking with my dinner a couple of glasses of very light claret, and simply as an aid in the digestion of the food which is required to keep up my mental and bodily power. But when 'on holiday' in Scotland or elsewhere I do not find the need of this." Mr. George W. Childs, of course, never drank or smoked. Mr. Wilkie Collins is sure that tobacco is the best friend that his irritable nerves possess when he is ill. "When I am well, but exhausted for a time by a hard day's work, tobacco nerves and composes me." Mr. Edison chews incessantly while at his work. To Mr. R. E. Francillon "tobacco takes the form of a necessity" when he is at work. "For I am indolent by nature, and tobacco seems to me to be the best machine for making work go with the grain that I can find." Mr. Edward A. Freeman has no notion "why people smoke. If I am tired of work, a short sleep sets me up again. I have drunk wine and beer, as I have eaten beef and mutton, without any theories one way or another." Mr. Gladstone "drinks one glass, or two, of claret at luncheon, the same at dinner, with the addition of a glass of light port. The use of wine to this extent is especially necessary to him at the time of greatest intellectual exertion." Mr. Philip Gilbert Hamerton "used to smoke in moderation, but six years ago I gave up smoking altogether—as an experiment—for six months. At the end of that time I found my general health so much improved that I determined to make abstinence a permanent rule and have stuck to my determination ever since, with decided benefit. . . . When a writer feels dull the best stimulant is fresh air. Victor Hugo makes a good fire before writing and then opens the window." Dr. Oliver Wendell Holmes prefers an entirely undisturbed and unclouded brain for mental work, unstimulated by anything stronger than tea or coffee, unaffected by tobacco or other drugs. He approaches near to abstinence as he grows older. Mr. W. D. Howells never uses tobacco "except in a very rare, self-defensive cigarette, where a great many other people are smoking, and I commonly drink water at dinner. When I take wine I think it weakens my work and my working force the next morning." Sir Thomas Erskine May "tried total abstinence, but I found

myself dyspeptic and stupid and was obliged to resume my accustomed potations." Mr. Augustin Mongredien "for the last fifty years has never retired to bed without one tumbler of whiskey toddy." "In common with nine tenths of my literary brethren," writes Mr. James Payn, "I am a constant smoker. I smoke the whole time I am engaged in composition (three hours per diem) and after meals." M. Taine finds cigarettes "useful between two ideas—when I have the first but have not arrived at the second." Mr. Anthony Trollope was a smoker all his life. But no better advice has ever been given than this, from Dr. Oliver Wendell Holmes: "I do not advise you, young man, to consecrate the flower of your life to painting the bowl of a pipe, for let me assure you the stain of a reverie-breeding narcotic may strike deeper than you think. I have seen the green leaf of early promise grown brown before its time under such nicotian regimen, and thought the amber'd meerschaum was dearly bought at the cost of a brain enfeebled and a will enslaved."

NEW BOOKS RECEIVED.

United States Dispensatory. Fifteenth Edition. By Wood, Remington, and Sadtler. Philadelphia: J. B. Lippincott & Co., 1883.

Examinations of Medicinal Chemicals. By Hoffman and Power. Philadelphia: H. C. Lea's Son & Co., 1883.

Diseases of the Ovaries. By Lawson Tait. New York: William Wood & Co., 1883.

Index of the Practice of Medicine. By W. M. Carpenter, M.D. New York: William Wood & Co., 1883.

Untoward Effects of Drugs. Second Edition. By Dr. R. Lewin. Translated by J. J. Mulheron, M.D. Detroit: George S. Davis, 1883.

Manual of Gynecology. By Hart and Barbour. Vol. II. New York: William Wood & Co., 1883.

MEDICAL NEWS.

GOOD NEWS.—THE NEW YORK COUNTY MEDICAL SOCIETY.—This society met March 26th, chiefly to elect delegates to the next meeting of the State Medical Society. There were two sets of candidates; one set to vote against the restoration of the old code of ethics and in favor of the new code recently adopted; and the other set to re-establish the old code in the State Society. At the meeting of the State

Society in February, 1882, a new code of ethics, as will be remembered, was adopted, permitting members of the State Society and medical societies in affiliation therewith to "meet in consultation legally qualified practitioners of medicine." The barriers between the old schools and the new were thus broken down. The result was that when the American Medical Association met at St. Paul, Minn., last June, as is well known, the delegates from this State were denied admission. This rebuke was considered by many reputable physicians in this city to be of no consequence, while others equally reputable considered it a stain upon the professional escutcheon that must not be allowed to remain. Both sides mustered their forces, and the election of delegates March 26th was fought squarely upon the issue whether or not, as Dr. Austin Flint said, the old code of ethics should be restored at the next meeting of the State Society. Dr. Flint led the restoration party and nominated Drs. Charles A. Leale, Charles Hitchcock, and C. S. Ward. Dr. D. B. St. John Roosa figuratively flung the banner of the new code party to the wind with the names of Drs. P. Albert Morrow, Francis L. Weld, and Walter R. Gillette inscribed thereon as delegates in favor of the new or present code. Dr. J. W. S. Gouley moved that two tellers and two inspectors be appointed. The proposition was received with a roar of laughter, upon which Dr. Gouley said: "Gentlemen, this has become necessary in this body." The tellers and inspectors were appointed and the polls opened. Dr. Roosa took a position near the tellers armed with ballots for the new code delegates, while Dr. Flint flourished ballots for the restorationists. The aisles in the lecture-room of the College of Physicians and Surgeons, where the meeting was held, are very narrow, and the crowd was so great that the voters had to return over the seats after depositing their ballots.

After the tellers had retired to an inner room to count the vote, Dr. A. D. Rockwell arose and presented a series of resolutions on the death of Dr. George M. Beard, whose associate he was. Dr. Rockwell spoke briefly in support of the resolutions, and was followed by Dr. Roosa and Dr. W. M. Carpenter. At this point the tellers returned with the result of the ballot. The restorationists were elected by a majority of about 20,164 votes being cast. The announcement was greeted with a cheer, and the meeting immediately adjourned.

DEATH OF DR. W. H. VAN BUREN.—Dr. William H. Van Buren died at a quarter to four o'clock A.M., March 25th, at his late residence, No. 1 Park Avenue. He was conscious up to the last moment,

and died without pain. All the members of his family were present, but his long-continued illness had prepared them for the painful but inevitable result. He had, as will be remembered, an apoplectic attack in May last, but rallied during the summer months. Recently his symptoms assumed an unfavorable character, and for the past few weeks he grew weaker and his family and friends knew that the end was near.

William Holme Van Buren was born in New York City on April 5th, 1819. His grandfather, Abraham Van Buren, a physician, was the son of Dr. John Van Buren, a well-known pupil of Boerhaave, who came from Holland to this city in 1700. Young William obtained his classical education at Yale College, and studied medicine at the University of Pennsylvania, from which place he graduated in 1840. His scientific studies were continued in Paris, and he entered the army as a surgeon, resigning in 1845. Dr. Van Buren then came to New York and obtained an appointment as surgeon at Bellevue Hospital when that institution was organized in 1847. So rapidly did he rise in his profession that in 1852 he succeeded Professor Granville Sharpe Pattison in the chair of anatomy in the University of the City of New York. In the same year he was appointed surgeon to the New York Hospital, being surgeon and afterward consulting surgeon to St. Vincent's Hospital and to the Charity Hospital on Blackwell's Island. He became vice-president of the New York Academy of Medicine in 1859, and subsequently published many valuable essays on special surgical topics. In connection with his pupil, Dr. E. L. Keyes, who afterward became his partner, Dr. Van Buren translated and edited "Morel's Histology" and "Bernard and Huette's Operative Surgery," the latter work being published by the government and furnished to the army surgeons during the late war. He married a daughter of the late Dr. Valentine Mott, of this city, in 1842.

The establishment of the United States Sanitary Commission during the late war was due largely to the labors of Dr. Van Buren, who was one of the leading members of its executive committee, which position he filled throughout the great struggle, improving by every means in his power the hygienic condition of the wounded soldiers and providing for the sick. It was while in a railway car on his way to New York from Washington, where he had been on official business, that he contracted typhoid fever and came near losing his life through his devotion to business. He regained health to find that his only son had also caught the fever. The boy died, and within a few days the doctor's hair turned gray.

He never quite recovered from the shock which the loss caused him.

Dr. Van Buren was a man of great breadth of mind and was possessed of fine literary abilities, in recognition of which he was recently created a doctor of laws by Yale College. As a surgeon he occupied the same position in America that Cheselden of England, Civiale of France, and Sir Henry Thompson do in Europe. His skill in certain operations was unsurpassed, and although for ten years he did not actually use the lance, he was, up to the time of his death, recognized as a leading consulting surgeon in special branches of surgery.

It was his delight in the last few years to spend most of his time at his country residence in Shrewsbury, N. J. He was constantly attended during his last illness by his brother-in-law, Dr. Alexander Mott, of New York. He leaves a widow and two married daughters, Mrs. C. F. Meert and Mrs. Jules Brugière.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—ANNOUNCEMENT.—I would respectfully announce that the next annual meeting of the Association of American Medical Editors will be held in the city of Cleveland, Ohio, simultaneously with that of the American Medical Association, on June 5th and 6th, 1883. *Order of Exercises.* Tuesday, June 5th, 7.15 P.M.: Roll called; reading minutes of previous meeting; president's address and discussion thereon; reports of committees; deferred business; new business; election of members; adjournment. Wednesday, June 6th, 7.15 P.M.: Roll called; reading minutes of previous meeting; address by Dr. Henry O. Marcy, of Boston; reading of special papers by Dr. John A. Ochterlony, of Louisville, Ky., and Dr. Alexander J. Stone, of St. Paul, Minn., discussion of addresses and papers; reports of committees; deferred business; new business; election of officers and members; adjournment. The subject of the address to be delivered by the president, Dr. N. S. Davis, Chicago, is "The Present Status and Tendencies of the Medical Profession and Medical Journalism." A free discussion upon this important subject is invited, which will be open, not only to members, but to all physicians present. Dr. Marcy's address will be upon the subject of "Journalism Devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments." The secretary was authorized at the last meeting of the Association, held at St. Paul, Minn., to make the above arrangements for the coming meeting, and also to specially invite all the members of the profession,

and friends attending the meeting of the American Medical Association, to be present. The meetings will be held in the interval between the meetings of the sections of the American Medical Association and the social entertainments of the evening. The sessions will be short, and undoubtedly interesting.

Very respectfully,

J. V. SHOEMAKER, M.D., *Secretary.*

PHILADELPHIA, 1031 Walnut Street.

GOSSIP FROM THE OLD WORLD.—A Welsh celebrity, who was familiarly known as "Old Betty Morgan," died a few weeks ago at Garth at the age of 107. Up to within a fortnight of her death she was remarkably hearty and well, and could even make long journeys.

BARON CLOQUET DEAD.—A prince of medical science in France has recently paid the debt of nature in the person of the famous anatomist, Baron Jules Cloquet, who died in Paris at the great age of 94. He was old enough to have been the contemporary and the compeer of Corvisart and the elder Larrey, of Bichat and Portal. He died the senior member of the Paris Academy of Medicine, to which he was elected in 1821—the year in which Napoleon I. expired at St. Helena. He was raised to the dignity of a Baron by Napoleon III., and was a Commander of the Order of the Legion of Honor. M. le Baron Cloquet was a *pratiquant*, and his obsequies have been magnificently celebrated in the Church of La Madeleine, while at the subsequent interment of the remains in the cemetery of Montparnassé no fewer than six orations were delivered over the grave—by Baron Larrey, on behalf of the Academy of Sciences; by M. Gosselin, in the name of the Faculty of Medicine; by M. Labbé, for the Academy of Medicine; by M. Guyon, for the Chirurgical Society; by M. Roger, for the General Association of French Medical Men, and by M. Péan, in the name of the surgeons of the hospitals of Paris. Baron Cloquet was the author of many works on anatomy and surgery, but it will be through his great monograph in five volumes on descriptive anatomy that his fame will chiefly survive. The work in question has, during nearly two generations, been worthy of the highest trust and the widest acceptance, although Cloquet has undeniably and largely availed himself of the learning and the precision of style of the illustrious German, Samuel Thomas Sömmöring, and of the details of Portal and the system of Bichat, of whose "Anatomie Descriptive" it has been said that "as a monument of his philosophical genius, it will last as long as the functions and structure of the human

body are objects of interest. With the death of Baron Cloquet a notable link with the past is severed. He was middle-aged when Abernethy died. He might have been on intimate terms with Sir Astley Cooper and Sir Matthew Tierney, with the elder Guthrie and John Lawrence; and he was born only 10 years after Sir Benjamin Brody, who died 21 years ago, at the age of nearly 80.

THE WILL OF SIR THOMAS WATSON.—Our London correspondent writes that Sir Thomas Watson's will has been proved. The personalty alone amounts to more than £164,000. With the exception of a few legacies, this sum is divided between his son and his daughter.

THE MUNICIPAL COUNCIL OF PARIS, in consideration of M. Alfonso, temporary house-surgeon of the Trousseau Hospital in Paris, having died on October 15th last, in consequence of a typhoid fever contracted in the performance of his duties, has just voted, in favor of his daughter Estelle Alfonso, a marriage dowry, together with a *trousseau*, to be charged on the Pupils' Endowment Fund of the city of Paris.

THE BILL TO CREATE A STATE BOARD OF EXAMINERS.—As widespread as has been the interest excited by the State Society on the position it assumed a year ago on the subject of medical ethics, the most vital question presented for the consideration of the society was the recommendation of a bill for the creation of a State Board of Examiners.

THE MANUFACTURE OF CIGARS IN TENEMENT-HOUSES.—Governor Cleveland, of New York, has signed the bill prohibiting the manufacture of cigars in tenement-houses in New York City.

Dr. D. OSBORNE FARRAND, a prominent surgeon of Detroit, Mich., died March 18, 1883.

DIED.—At Abbeville, Mississippi, Feb. 17, 1883, of congestion of the brain, Gaillard K. Hardin, in the 10th year of his age, son of Dr. and Mrs. A. E. Hardin, of that place. He was a boy of unusual promise, and his loss is a great one to a large circle of friends.

DIED.—At Dallas, Texas, March 9, 1883, Mrs. Eagan, wife of Dr. S. Eagan, of that city. She was the daughter of Dr. Robert E. Smith, of Grand Coteau, La., and was 42 years of age. As a woman, wife, and mother she was beyond reproach; and her death brings sorrow not only to the hearthstone of a devoted husband and his children, but to very many who greatly loved and admired her.

THE State Medical Association of Louisiana will hold its next session at Shreveport, beginning on April 4th.

THE FRUITS OF THE NEW CODE.—A Louisville correspondent of *The Louisville Medical News* writes to that journal for the year and may vote on the new code at the late meeting of the New York State Medical Society. He says: "It is often necessary to refer our friends and patients going eastward to physicians, and it is important to know those members of the New York State Society who have voluntarily severed their connection with the medical profession of the country, so that we may advise accordingly."

STUDENTS' DUELS.—A lover of peace should be careful to avoid Jena University as a place of study. No less than twenty-one serious duels among the students are said to have come off in one day. To enhance the horrors and risks of this barbarous practice, it appears that, for want of care in the cleansing of the weapons employed, blood-poisoning in many cases followed the infliction of wounds, so that some forty young men are lying in hospital in a precarious condition.

LARGE FAMILIES.—Figures indicate the slow "depopulation" of France, by excess of deaths over births. M. Pieyre has submitted a bill for the encouragement of large families. It proposes a reduction of 15 per cent on the taxes of a father with five children, and a further 5 per cent for each additional child. Persons not paying direct taxes, or whose taxes do not exceed 100 francs, are likewise to be tempted by a bonus of 200 francs for a fifth child, 300 francs for a sixth, and so on.

THE next meeting of the Sanitary Council of the Mississippi Valley will be held at Jackson, Miss., beginning on Tuesday, April 3d, proximo.

BELLEVUE MEDICAL COLLEGE.—The recent decision of the United States Commissioner with regard to the legality of the indiscriminate sale of diplomas and degrees by the "Bellevue Medical College," appears to have given an impetus to the creation of diploma-mills in Massachusetts. An American contemporary announces the establishment of three of these bogus-degree manufactories, and thinks it is time the profession of Maryland were taking some measures against the spread of the infection among themselves.

THE presentation to Mr. Erichsen of his bust in marble, executed by Mr. Haynes Thorneycroft A.R.A., took place (Saturday, March 10th) in the Botanical Theatre of University College, at 2.30 P.M.; Mr. J. Marshall, F.R.S., being chairman.

THE Municipal Council of Paris has allotted a sum of 3000 francs for this year, to defray the expenses of organizing a pharmaceutical night-service for Paris, on a basis similar to the present night-service of physicians and midwives which that city possesses.

EDITORIALS.

A FASHION item states that "the Boston young man is beginning to wear eye-glasses and knee-breeches." Well, the one necessitates the other. The average Boston young man needs the eye-glasses in order to see his legs.—*Puck*.

THE ILLINOIS STATE BOARD OF HEALTH.—As this Board is occupying a large share of professional and secular attention, all facts in regard to it are very important indeed. Since the claim was made by Dr. J. G. Kiernan, of Chicago, Ill., in his letter, published in this journal, that the statements made by THE JOURNAL in regard to the Illinois State Board of Health were incorrect, due inquiry and investigation have, in the cause of truth and justice, been fully made.

The proceedings of the State Legislature and also of the State Board of Health of Illinois will show how much Dr. Kiernan was in error when he wrote as follows: "The motive alleged by THE JOURNAL for the bad actions of the Illinois Board of Health is the political influence of 'Gov.' Hamilton, who, at the time of such investigation, was not governor; and there was no probability that he would be. His accession to the gubernatorial chair occurred weeks after the action taken by the Board to which reference is made in your journal, and was a political surprise to every one. The motive alleged for this action is therefore erroneous."

The truth is exactly as was stated editorially on the 10th of February. Gov. Cullom was elected to the U. S. Senate about the 16th of January, and Gov. Hamilton began his administration about the 6th of January; at least in time to make his appointments for the State Board of Health. On the 12th of January the board met in session at Springfield, and Drs. Hamilton and Hyatt, of Columbus Medical College, were present before the board, to satisfactorily explain the mere "irregularity" of graduating

a man on a three weeks' second course, when he had been examined only four weeks before by the State Board of Health of West Virginia, and refused a medical certificate on account of his gross ignorance. That John Marshall Hamilton, nephew of Dr. J. W. Hamilton, of Columbus Medical College, was Governor of Illinois at about the period of the meeting of the State Board, at Springfield, when a formal communication from the State Board of Health of West Virginia was read, and the character of Columbus Medical College came up for consideration, there can be no doubt. Besides the facts communicated by Dr. Reeves, of the West Virginia Board of Health, at the special request of Dr. Rauch, of the Illinois Health Board, concerning "easy honors" at Columbus Medical College, Dr. J. F. Baldwin furnished some very pointed testimony; but "it was not thought necessary to say anything about the other cases."

But the most cowardly feature of the whole cowardly transaction was the suppression of all reference to Dr. Hamilton and his Columbus Medical College, in the printed report of the proceedings of the Board for Jan. 11th and 12th. The fact that the poor little *Baltimore Medical College* was freely exposed in the published report (the excuse being an *informal* letter from Dr. Reeves, saying that a diploma from that college had been refused recognition in West Virginia), while all mention of Dr. Hamilton and his college (Columbus) was kept out of print, is alone sufficient to damn the Board! and warrant the belief that there was "a power behind the throne greater than the throne itself." In this connection, Dr. Kiernan's letter is most unaccountable, and one can scarcely believe his own eyes when he reads, from him, that Gov. Hamilton's "accession to the gubernatorial chair occurred weeks after the action of the board" concerning Columbus Medical College; for it was at the meeting of the board, January 11th and 12th, 1883, that the question was considered, and Drs. Hamilton and Hyatt were there present to antagonize the West Virginia resolutions, and prevent their endorsement! In proof of this there is the official report of Dr. Rauch to this effect: "Drs. Hamilton and Hyatt appeared, and the board gave them four hours, and, when through with them, took up another college." The next day, the following was the result of the deliberations (marked No. 2): "It was not thought necessary to say anything about the other cases." The deliberations marked "No. 2" are as follows: "After a careful investigation of all the facts in the case of the Columbus Medical College, two members of the Faculty of said college being present, and the facts elicited

being confirmed by documentary evidence, this board finds, that while said college committed an *irregularity* in granting a diploma to A. M. Dent, that 'irregularity' does not seem to warrant this board in refusing to recognize other diplomas of said college." Every word of these proceedings was *suppressed* from the printed report of that meeting. Many have a printed copy of Dr. Rauch's official report, and can thus detect the cowardly act of shielding Dr. Hamilton and his college, while striking heavily at Dr. Byrd and the poor little Baltimore Medical College.

Nothing in regard to official record has caused greater surprise than this course of Dr. Rauch. He seems to be a kind-hearted man, but was made of a *negative* character, and has not the courage to *fight* for the truth.

There is great and just sorrow because of the *set-back* given to the good name of State Medical Examiners. In several of the States the medical profession was hopefully looking for the speedy enactment of legal statutes regulating the practice of medicine, and the high declarations and seeming success of the Illinois State Board went far to encourage such hopes; but the white-washing of Columbus Medical College has no doubt dampened, if not destroyed all hope, and will delay if not prevent the early passage of necessary laws in regard to State Medical Examiners.

Since Dr. Hamilton's success in confronting the Illinois Board, he has been trying to intimidate the State Board of Health of West Virginia, by threats of *legal proceedings*, to compel recognition of "the machine" at Columbus. All are glad that the Counsellors of the Massachusetts Medical Society have given strong help by dropping from their "list" Columbus Medical College. If a few more learned and influential societies would do likewise, the end would soon come.

It is no excuse for the action of the Illinois Board to say, as Dr. Kiernan has done, that there are, in that State, hundreds of *irregular doctors* who have social and political influence. Instead of surrendering to such a class, the efforts and the acts of the Illinois State Board of Health should be all the greater to render it odious.

The whole fact of the matter is that Columbus Medical College has disgraced itself, and is no longer worthy of recognition, and that the Illinois State Board of Health has disgraced itself, and is in its educational status no longer worthy of trust. That is the plain truth, plainly expressed.

NON - MEDICAL MEN IN MEDICAL POSITIONS.—The evils of appointing to medical positions politicians who are not even medical men have been well

illustrated by certain recent occurrences at St. Louis. The Health Commissioner was a politician, appointed solely because of his "political influence." He made his peace with certain medical cliques, and was sustained by them. Under the scheme and charter which separated St. Louis city from the county, seven years ago, the office of Health Commissioner was created, and that official was placed in charge of the whole sanitary machinery of the city, including the city hospital, the female hospital, insane asylum and poorhouse, and quarantine, all of whose officials except their superintendents are appointed by the Health Commissioner, who also has under him a corps of physicians, health officers, and others, the whole swelling up a very large and lucrative mass of patronage. Many independent St. Louis physicians, however, insisted that such a position should be in the hands of the medical profession only, but were overborne by the medical cliques already mentioned. The result of this manœuvre has been that the St. Louis hospital positions have been given to mediocre persons, in many cases, of more than doubtful character. A woman of this stamp was placed in an important position in the insane asylum. She attempted to manage the institution. The superintendent, Dr. Howard, being a somewhat determined man, resisted her authority, and in consequence of the scandal thus resulting the woman was removed. She has just eloped discreditably with the Health Commissioner. The latter was loudly indorsed as a model official, by medical men, to whom he had given positions, and by some of the colleges, to whom he had granted special favors. These physicians and these colleges are placed in a decidedly unpleasant position by such indorsement. Had they adhered to the very sound principle, that medical men only should be placed in medical positions, such a scandal might have been avoided, and they would have had, at least, one more precedent against such absurd appointments. One result of such attempts at supporting laymen for medical positions will be that some notorious "quack" will be placed in position to dictate to medical colleges; and very soon, instead of there being only one medical college (that at Columbus, Ohio) which recognizes three weeks as "a second course," there will be several to bring discredit, not only upon medical colleges, but upon the entire medical profession.

PRELIMINARY EXAMINATIONS IN MEDICAL COLLEGES.—The Chicago Medical College has always claimed that it required an examination preliminary to entrance. From the status of many of its students

it has long been suspected that such an examination was a mere pretence. This has been shown to be the fact by an interview of Dr. Quine, published in *Chicago Tribune* March 8, 1883. He admits that no examinations have been held for some time, but ascribes this to an oversight on the part of the college official assigned to that duty. As this college lays great stress on this requirement, as an evidence of its status, it must be obvious that its Faculty is either very careless or that the requirement has been a mere paper qualification. The first explanation is an insult to the intelligence of the gentlemen composing the Faculty, and a careful perusal of the interview just cited leads to the conclusion that "preliminary examination" was merely put in to look well in the college announcements, and to attract students desirous of attending a high grade college, and one that is not too severe on the weak brethren.

BODY-SNATCHING.—The jury has acquitted Dr. W. S. Forbes, in the trial for body-snatching. It was in evidence that a demonstrator does not know the source from which his "subjects" are obtained. They are brought to him as poultry are brought to a dealer, and it is just as absurd to hold a demonstrator responsible for the methods adopted in obtaining the dead human bodies sold to him, as it would be to hold the poultry dealer or the butcher responsible for the carcasses offered to them in the market.

But apart from this important truth and defence, it is time that the medical press, at least, set the example to the secular press of teaching the people that this excitement over dead bodies found in a dissecting-room, and, of course, brought, as a rule, from some cemetery, is the sheerest nonsense and folly. Those who make the most noise on such occasions are exactly those who cared least for these very bodies when alive; who refused them aid, sympathy, comfort, even shelter, food, or medicine, and yet as soon as death rendered them sufficiently insensible to such brutality, these hard-hearted brutes are in arms, if one takes the bodies that perished from neglect to use them in the philanthropic cause of medical teaching? to make such bodies very often useful for the first time in their day and generation.

The secular press ought to teach this manifest plain lesson to a class of readers which the medical press cannot reach; in the place of doing so, however, it, as a rule, indulges in a foolish, silly parade of sentiment and sensibility which is all palpable fustian and the sheerest hypocrisy, and absolutely shows the secular public how, from the example set, to make fools of themselves.

The people, as a rule, would act correctly, on such occasions, if it were not for the secular press; for on "the staff," so called, of almost every newspaper there is always some weak-brained, addle-pated dreamer who rejoices over the subject of body-snatching, as one, in regard to which he can indulge, to his plenitude, in spurious philanthropy, foolish appeals, and maudlin sentimentality.

The people are usually reliable, judicious, and sensible on this subject; it is the secular press which, as a rule, by its folly and uproar, converts a temperate multitude into a violent and unreasoning mob. *Obsta principiis.*

"FATHER," said Johnny, "this paper says that 'many prominent citizens are now ill with pneumonia and kindred diseases.' What is kindred diseases, father?" "Why, my son," said Smith, "a kindred disease is—is—why—yes, yes! a kindred disease is one that runs through an entire family—kindred, relatives, you know. Surprised you didn't know that, Johnny."—*Boston Transcript.*

EXECUTIONS OF LUNATICS, AND MURDERS.—The opinion is very generally expressed that the execution of lunatics has a tendency to deter other lunatics from murder. From an alienistic standpoint this cannot be defended, since every lunatic looks upon himself as the centre of the universe, and his act as *sui generis*. Certain statistics recently collected by Dr. Guy (*Journal of Mental Science*, July, 1882) still further show the fallacy of such opinions. The year after the execution of Bellingham, an admitted lunatic, the number of murders was double what it had been previously, and many of these were committed by lunatics. The same phenomenon was observed for three succeeding years. On the other hand, the acquittal of two lunatics did not have any effect in increasing the number of murders. Executions of lunatics have incited other lunatics to commit murder as an indirect means of committing suicide.

CONGENITAL DISEASE.—Dr. J. P. Gray (Official Report of the Guiteau Trial) denied that a child could be born with disease, and his opinion was supported by Drs. Macdonald, Kempster, and McLane Hamilton. This is, however, an absurdity, opposed by the experience of nearly every practitioner. Drs. Strauss and Chamberland have recently shown (*Journal de Médecine et de Chirurgie Pratiques*, February, 1883) that charbonized guinea-pigs give birth sometimes to charbonized young. Children have been born with small-pox, with phthisis, with rheumatism, and most frequently with syphilis, so it is difficult to see how any honest scientific physician could make such a statement.

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ORIGINAL ABSTRACTS.

HYSTERICAL VOMITING.—Dr. J. S. Bristowe (*Practitioner*, March, 1883) claims that while there is no doubt that in the majority of cases of hysterical vomiting the stomach is at fault, in an undetermined minority, the œsophagus is the defective element, and if in such cases its irritability or spasm can be overcome and the food allowed to reach its destination vomiting will cease. This latter possibility can be tested by the œsophagus tube and if œsophageal spasm or irritability exists, cautious artificial feeding will yield good results.

CANCER OF THE VERMIFORM APPENDIX is of such rare occurrence that a case recently reported by Dr. Thursch (*Berliner Klinische Wochenschrift*, No. 41, 1882) is of special interest. The tumor was early adherent to the abdominal wall and was supposed to be seated therein, more especially as there were during three years no intestinal disturbances. When admitted to the hospital the patient had a tumor fist-sized, ulcerated on the surface, and pulsating with the iliac artery. It moved with the abdominal wall, and a funnel-shaped opening was at the base of the ulcer large enough to put the finger into an internal cavity, which was regarded as the lumen of the descending colon, since the neoplasm was found on examination to be adeno-carcinoma. An operation for removal was attended with great difficulty from the relations of the great vessels to the neoplasm. A walnut-sized tumor was found at the junction of the appendix and cæcum, and a section of intestine three inches long was removed. Death occurred thirty-six hours after the operation from exhaustion. The retro-peritoneal glands were upon autopsy found to be cancerous.

APOMORPHIA IN POISONING.—Dr. Routh (*Lancet*, December 23, 1882) insists upon the great value of apomorphia in $\frac{1}{15}$ to $\frac{1}{5}$ grains as a ready and safe

emetic in cases of poisoning. Emesis occurs in from two to five minutes; the contents of the stomach being voided in a rush without previous nausea, but with visible action of the stomach.

DETACHMENT OF RETINA.—The exact site of the detachment must be determined so that the lance enters the pendent portion of the retinal bulging. The patient being put under chloroform and the speculum introduced, an assistant fixes the eye with forceps. A vertical slit is made with the scissors into the conjunctiva and subconjunctival tissue laying bare the sclerotic at a point corresponding to the detachment which is generally below the equator at its anterior aspect. The lips of the wounds are separated by two small strabismus hooks and the assistant steadily maintains the position of the eyeball to prevent the exposed portion of the sclerotic from shifting. The sclerotome is introduced into the sac formed by the fluid. The incision through the sclerotic is made obliquely in such a manner that the edges of the scleral wound should overlap each other when the instrument is withdrawn and not remain gaping. Gentle pressure is made upon the eyeball in the track of the receding lance by means of a fine spatula. The lips of the external wound are brought together with a fine silk ligature or two, and both eyes are strapped with court-plaster. The patient is kept in bed in a dark room for three days. The plaster and ligatures are removed on the sixth day and the eye gradually accustomed to light. On the eighth day the result of the operation may be tested. Dr. Wolfe has had excellent results from this procedure. He believes the pilocarpine treatment deserves a very cautious trial in the incipient stage of the disease.

HERNIA REDUCED BY ELECTRICITY.—Dr. Suprunenko (*Wratsch*, No. 40, 1882) reports the following case: A slight inguinal hernia which had been three hours strangulated resisted half an hour's taxis. A

moderately strong induction current was then used. The positive electrode was pressed against the tumor, while the negative was applied first against the lumbar vertebræ, afterward over the umbilicus. The hernia at once diminished and in two minutes disappeared. In a second case reported by Dr. Pergamin, the patient, an eighty year-old man, suffered from strangulated hernia for twelve hours. Two hours' persistent taxis failed. The induction current was used for fifteen minutes without success. The current being still maintained manipulation was tried, and in about two minutes the bowel returned into the abdomen with a gurgling sound.

MERCURY IN INTESTINAL CONSTRICTION.—Bettelheim (*Deutsches Archiv für klinische Medizin*, Band xxxii.) claims after an extended experience that mercury in bulk ($\frac{3}{4}$ vjss) sometimes saves life in cases of intestinal obstruction due to fæcal accumulation, ascarides, twisting, or intussusception. No injury and no perforation of the intestine is caused by it. He advises that after the trial of mild laxatives, opiates, irrigation, changes in position, electricity, and massage, mercury in bulk should be used without fear of consequences.

ORIGIN OF THE HEART.—Butschli (*Morphologisches Jahrbücher*) believes that the heart is a remnant of the primitive or segmentation cavity of the embryo, and is not derived from the secondary or permanent body cavity. He maintains that arises as a fissure in the mesoderm remaining as a permanent port from the temporary primitive cavity. In the arthropoda it has been found that the two edges of the mesoderm approach one another in the median dorsal line, leaving a space between them which belongs to the primitive cavity which becomes the heart, and which is sometimes cut off before, sometimes after the mesoderm splits into segments.

CURE OF STRABISMUS BY SPECTACLES.—Boucheiron claims (*Annales d'Oculistique*, December, 1882) good results from glasses in convergent strabismus, an affection usually associated with long-sightedness. As Green long ago advised, the employment of appropriate corrective glasses should be preceded by instillation of atropine to paralyze the accommodation, and this should be continued three or four months if the case is seen at its outset, or for ten or twelve months if the affection has lasted some time, and as long as there is any tendency to strabismus. The spectacles should neutralize completely the existent hypermetropia. When the tendency to strabismus has disappeared the atropine can be discontinued, but the glasses must still be used. If

irritation result from a 1 to 300 atropine sulphate aqueous solution, duboisine can be used.

CHROMIC ACID IN TONGUE DISEASES.—Guntz some time ago had good results from potassium bichromate in syphilis. Dr. H. T. Butlin (*Practitioner*, March, 1883) finds that chromic acid cures with marvellous rapidity (locally applied) secondary syphilitic tongue affections, ulcers, mucous tubercles, and condylomata. As a rule it produces no effect on tertiary affections, gummata, extensive ulcers, and tubercular syphilides. Some cases of chronic superficial glossitis, where slight ulceration and renewed inflammation have occurred, improve quickly under its use. Other cases of glossitis in which the tongue surface is attacked, inflammations of great severity, so far from improving, are rendered worse by its use. Boro-glycerides and soothing remedies are here of value. Sir Jas. Paget has found ("Clinical Lectures and Essays") chromic acid of use in lingual gouty psoriasis.

GONORRHOËAL PLEURISY.—Dr. Sée (*Journal de Médecine* December, 1882) reports a case of pleurisy complicating gonorrhœa, and in a direct relation with that disease. The marked thoracic pain and constitutional symptoms are, he claims, sufficient for a diagnosis. The case cited and the reasons given by Dr. Sée are certainly insufficient to prove that the pleurisy is related to the gonorrhœa.

ULMARIA SPIRÆA IN ENLARGED PROSTATE.—Dr. J. Baugh (*Canada Lancet*) claims that the use of this plant, otherwise known as "Queen of the meadow," has in three cases of senile enlargement of the prostate gland been attended by wonderful results. It is given in infusion form, and acts well as an astringent and diuretic.

BUTTERNUT IN ABORTION.—Some thirty years ago Dr. Rezin Thompson (*Medical and Surgical Reporter*) found the following combination :

Rx. Ext. hyoscyami.....	3 j.
Ext. Jugland cin.....	3 j.
Ol. sassafras.....	3 ss.
Sodii bicarb.....	$\frac{3}{4}$ ss.
Syr. simp.....	$\frac{3}{4}$ vi.
M.S.....	3 j. as required.

of great value in threatened abortion. A very similar preparation has been found of value in France, whereupon Dr. T. M. Woodson, Gallatin, Tenn., revives this old treatment of Dr. Thompson.

MINIMAL DOSES.—Dr. A. A. Smith (*Medical News*) claims good results from the following minimal doses : Castor-oil, five drops, rubbed up with sugar

and given every two hours in intestinal irritation of children. Tincture of hamamelis, one drop every fifteen minutes as a sedative in children. Tincture of pulsatilla, one drop every fifteen minutes in dismenorrhœa, orchitis, and epidymitis. Fowler's solution, one half drop in nausea of pregnancy and after a drunken debauch. Tartar emetic, one grain in a quart of water in doses of one teaspoonful every fifteen minutes in the bronchitis of children. Calomel, one fiftieth grain doses in syphilitic headache, without gummata, every fifteen minutes. Also in children with vomiting, accompanied with mucous discharges. One half grain bichloride of mercury in a pint of water, in teaspoonful doses every fifteen minutes in the same affections. Fluid extract of ergot, one drop every fifteen minutes in menorrhagia.

COPPER POISONING.—At the present time there is a great tendency to destroy old-time ideas. A specimen of this tendency was recently exhibited (*Druggist*) by Dr. Galippe, who has undertaken to clear copper from the unjust imputation under which it has labored of possessing poisonous properties. He has been experimenting since 1875 upon dogs with various salts of copper, and has come to the conclusion that "copper cannot cause fatal poisoning." And on its being objected that the emetic effects of these substances probably saved the animals' lives, he courageously proceeded to try similar experiments on himself, having all his food regularly cooked in copper vessels coated inside with verdigris, and he feels none the worse for it. Furthermore, he has over and over again found copper in the liver and kidneys of persons who have died from natural causes; and his analyses of wheat, chocolate, and other alimentary substances have revealed the presence of infinitesimal quantities of copper in their composition. These are facts, he says, which should not be lost sight of in making post-mortems of persons whose death has been attributed to metallic poisoning; and he believes that ignorance of them has led to more than one sad judicial error. The fact that copper exists in wheat, chocolate, etc., has long been known, and has been ignored by toxicological experts. At the same time, Dr. Galippe's experiments are not conclusive against the very positive evidence already in existence respecting copper poisoning.

ORIGINAL ARTICLES.

AINHUM; WITH THE REPORT OF A CASE IN ASCENSION PARISH, LOUISIANA. By A. C. LOVE, M.D., Donaldsonville, La.

DR. J. F. DA SILVA LIMA, Physician to the Charity

Hospital, Bahia, Brazil, first in 1867, and again in 1880,* described the affection known as *ainhum*. Since 1863, it had attracted his attention as prevailing among the Nagô negroes of Bahia, and, after years of observation and study, he recognized in it a disease altogether different from elephantiasis, with which it had formerly been confounded. Among the African negroes of Bahia, Rio Janeiro, and Buenos Ayres, probably brought by them from the west coast of Africa, where it is said to be common in the Nosse-be, an island off the coast of Madagascar, and among the Indians of the Tamul branch in Pondicherry, French India, cases of the disease have been observed and reported by medical men. Of its existence elsewhere no account has been found in the meagre literature on the subject. So the case reported by the writer should prove of interest to the profession, if for no other reason, because it is, so far as the writer is informed, the first case of the disease noticed and reported as appearing in North America.

Of the numerous names proposed for it, the term *guijila*, by which the disease was formerly designated, is now considered objectionable on the ground that the word, a corruption of the Portuguese *gafeira*, has long been applied to the localized morbid action of another disease, the mutilating lepra of the fingers and toes. Dr. A. Collas,† of the French Navy, suggested the terms, *exeresé spontaneæ*, as descriptive of the affection; while Dr. C. Beauraguard‡ applied to it the name *dactylosis essentialis*. No nomenclature, however, appears so appropriate as that of *ainhum*, to which preference is given by Dr. Da Silva Lima. This word, of African origin and meaning "to saw," is suggestive of the morbid process pathognomonic of the disease, the formation of a sclerodermous band at the root of the small toe which by constriction, *écraseur-like*, causes strangulation, obliterates the nutrient vessels, and finally destroys the digit.

Ainhum is peculiar to African negroes and their direct descendants. It attacks only males, and is supposed to be most prevalent where slavery exists. If given no treatment its course is run in a space of time varying in length from four to ten years, and there is on record no evidence indicating that the general health of the patient is affected during the time of its continuance. An attack is ushered in by intense and persistent pruritus on the internal surface and at the root of the small toe about the site

* American Dermatological Association, Newport, R. I., Aug. 31, 1880.

† Archiv. de Med. Navale, Nov. 1867.

‡ Des Deformites des Doigts, Paris, 1875.

of the digito-plantar fold, followed by thickening and induration of the skin. In the course of time the base of the toe is, by this process of induration, encircled with a sclerodermous band, and, by reason of the pressure this band exerts on the subjacent tissues, its course is marked by a circular depression. Great tenderness and pain are experienced in the part, and soon inflammation appears under the band on the internal aspect of the digit. Devoid of pus, but pouring out a thin ichorous discharge, the inflammation extends along the course of the band until the external surface of the toe is reached. From the constant pressure of the constricting band the inflamed tissue sloughs away, leaving a sulcus with concave bottom encircling the root of the toe. In time greater constriction and renewed pressure of the sclerodermous band are again followed by active inflammation, and a subsequent process of sloughing. Thus, time and again, by constriction the indurated skin encroaches on the subjacent tissues, causing strangulation, and interfering with nutrition until the nutrient vessels are obliterated, muscular power lost, the phalangeal bone diseased and absorbed, and finally, by gangrene, the digit is destroyed. During the last few weeks of the disease the toe is attached to the foot by a mere pedicle, which, if not clipped by the patient or some attendant, is often severed by accidental violence. With the dropping of the toe the course of the disease is ended, and the stump heals kindly, leaving a small cicatrix. Instances are numerous in which the small toes of both feet were affected, but usually that of the right foot. The larger toes are rarely affected.

No satisfactory explanation has been given respecting the etiology of *ainhum*. Dr. J. L. Patterson, of Bahia, Brazil, has suggested that "the great obliquity of the flexor tendons of the two last toes of the splay-footed black" may be the possible cause of the disease. "It is very probable," writes Dr. Da Silva Lima, "that this anatomical disposition may hasten the development and progress of the disease, but in my judgment it cannot explain its origin and initial symptoms." It appears more probable, however, that in the habits and mode of life of this race of people, affected as they are by unsanitary surroundings and climatic influences, the cause of the disease might be discovered.

The pathological anatomy of *ainhum* has been described by Dr. Wucherer in the following words: "On microscopical examination of the component textures of the toe, the cuticle is found to be little altered, the area occupied by the subcutaneous fatty tissue is extensively increased at the expense of the tendons, bones, and other tissues, and in this space

there are scarcely any traces of connective tissue [Bindegewebe], specially around the blood-vessels. Of the two arteries of the toe the external alone remains. The articular cartilage of the second and last phalanges is thinned, its corpuscles are smaller in size and fewer in number than normal. In the hyaline substance between the corpuscles of the cartilage are developed numerous fatty points. The cavities of the spongy substance of the bones are larger than natural, and enlarged at the cost of the concentric lamellæ around the Haversian canals, being also filled with large yellow globules of fat. The bones present a worm-eaten appearance, although no caries exists. There is no vestige of pus. Here and there the bone corpuscles are scarcely visible. The disease appears to consist essentially of an atrophy or fatty degeneration of the parts from want of nutrition, an effect of the constriction to which the toe has been subjected."

The anatomical and pathological examinations made in London in 1867-68 by Campbell de Morgan, and John Wood; in Paris, 1870, by Cornil; in Tübingen, 1872, by Prof. Schuppel, and in Rio Janeiro, 1876, by Pereira Guimaraes and Martins, do not differ materially in their results from those given above.



The accompanying cut is from a photograph showing the diseased toe of Spenser Israel, a colored laborer and resident of Ascension Parish, Louisiana. A native of Virginia, about thirty years ago he was brought to Louisiana as a slave. He was a common laborer on a sugar plantation until 1863, when he enlisted in the Federal Army, and after two years' service became a squatter on government land, living in a rude hut, and leading a life of indolence. He is about thirty-five years of age, of a dark copper color, height five feet and one fourth inches, compactly built, and weighs one hundred and forty-seven pounds. In May, 1882, when he applied to have the small toe of his right foot amputated, he presented the appearance of one in excellent health. According to his statement his toe had been diseased for about five years, at times so slightly affected as to give him no inconvenience, and again so inflamed and painful as to hinder him from active work and even confine him to his hut. A wash consisting of

a ten per cent solution of carbolic acid was prescribed, but after a week's trial without any perceptible benefit was discontinued. Then the sclerodermous band on the outer surface of the toe was pared away, relieving the pressure, and causing the inflammation in the course of ten days to subside. The treatment recommended by Dr. Da Silva Lima, as I have since learned, consists of an incision dividing the constricting band.

The patient was not seen again until February, 1882, when it was found that the sclerodermous band had reformed and excited inflammation, that the bone of the digit had become diseased and been destroyed, and the treatment of the case was brought to a close by clipping the pedicle and severing the diseased member from the foot.

TWO CASES OF MONSTROSITY.—Read before the N. Y. Medical Association, March 21st, 1883, J. B. STINSON, M.D., Sherman, Texas.—Case 1. About 12 years since was called to attend Mrs. H. in her first confinement. Labor was normal, consuming about eight hours from beginning to end. After the head was extruded the child uttered several plaintive cries and then ceased any further noise and motions. It was still-born. After it was removed and the mother attended to, upon examination it was found to possess no skull nor scalp above a line drawn through the occipito-frontal region. Its brain seemed perfect and covered with dura-mater. The mother gave no history of frights during her time of gestation, but is of a very hysterical temperament.

Case 2. Was called on the night of January 17th, 1883, to attend Mrs. J., in her second confinement. She stated that the movements of her child had been vigorous until about four days previously, when they ceased entirely. The labor in this case consumed about five hours. The child was still-born and upon examination presented the following remarkable appearance: All that portion of the head above a line drawn through the occipito-bregmatic portion was absent, seemingly having been cut off with a sharp instrument, and a portion of the surface actually bleeding. This diminutive half head without any neck was attached to the trunk. Its eyes, nose, and ears seemed perfect, and so was the balance of the body. The mother gave the following history: She states that she has always had an aversion to fish, and when about two months advanced in pregnancy her husband, without thinking, sent to his house a good-sized fish. The wife concluded she would do the best she could at dressing it and preparing it for dinner. When severing its head with an axe, she

became very sick for a while and from that hour until her confinement brooded over it and predicted that her babe would be in some way marked, and the result is as above stated.

SYMPATHETIC VASO-MOTOR CENTRES.—Drs. Dastre and Morat (*Progrès Médical*, February 24, 1883) claim that they have demonstrated the presence of vaso-motor centres in the sympathetic ganglia. The inferior cervical and first thoracic ganglia receive vaso-constrictor and vaso-dilator nerves. The first are furnished by the spinal cord, the last by the eight cervical and first dorsal nerves.

IMMEDIATE VESICO-VAGINAL SUTURE.—Dr. G. Brann (*Wiener Medicinische Wochenschrift*) advises the immediate suture of vesico-vaginal lacerations, and cites in favor of this procedure the following case: Patient 28 years of age; child in transverse position, and dead; amniotic liquor had escaped nineteen hours; version impossible. The assistant used a sharp hook not properly guarded, and a transverse rent through cervix uteri, vagina, and bladder, about seven centimetres in length, was produced. Irrigation of uterine cavity, bladder, and vagina, after the removal of some shreds; twenty silk sutures closing the rent so perfectly as to prevent the escape of a solution of permanganate of potash injected into the bladder. The sutures were removed on the fifth and sixth day. The wound closed, except an opening of 1.5 centimetre. Lunar caustic was applied repeatedly. Firm closure took place in less than three months. Puerperium took its natural course.

TREATMENT OF SYPHILIS.—Sigmund (*Wiener Medicinische Wochenschrift*) claims that the internal use of mercury is losing ground. The methods yielding the best results in his opinion are frictions and injections. Internal medication is useful, but in small doses only given once or twice a day. Decoctions are valuable aids to treatment in old cutaneous, osseous, and especially gummatous conditions. Corrosive sublimate in ablutions and baths is the best application for children. Gray ointment, in his opinion, needs no indorsement. In children, pregnant women, or very sensitive patients, hypodermic injections are contra indicated as well as those suffering from convulsions. In the earlier stages of syphilis injections rather than frictions should be used. Calomel is usually believed to be more liable than corrosive sublimate to produce abscesses. Sigmund has, however, found that this peculiarity of calomel has been much overestimated.

PROGRESSIVE MUSCULAR ATROPHY.—Seeligmüller (*Centralblatt für Chirurgie*) has had under observa-

tion twenty-eight cases. The disease commenced in thirteen cases in the hand and six in the arm, six in the shoulder and three in the lower extremities. He believes that the observation of Friedreich, that the disease commences in the voluntary muscle, which is continuously misused or exercised, is correct, and has found that tertiary syphilis may present the very picture of progressive muscular atrophy. A thirty-year-old porter who had acquired syphilis eleven years previously first noticed attenuation of one thigh and then the other, which became extreme. Besides there was well-marked osseous syphilis of the tibiæ, ulnæ, and clavicle. Energetic frictional treatment and iodide of potassium produced rapid recovery and complete *restitutio ad integrum* of the diseased muscles. Inflammatory manifestations, such as occur in specific myositis, were absent.

TREATMENT OF HYDROCELE.—Rol (*Deutsche Medizinical Zeitung*) recommends Defer's treatment as practiced by Maisonneuve. After puncturing the hydrocele with a trocar of medium calibre, a hollow sound is immediately introduced through the canula, at the end of which some nitrate of silver has been molten by candle light. After moving this cautery in different directions, it is withdrawn with the canula. Healing took place in from five to six days, not by adhesion, but by a simple vital modification of the tunica. Regazzoni recommends the following treatment for this affection: After withdrawing fluid with trocar and canula, a piece of catgut, $\frac{2}{3}$ mm. in diameter, is introduced into the canula, its length determined by the amount of irritation desired. The external end is knotted, the scrotum covered with cotton, fixed by a T bandage, and raised with a small pillow. In young and powerful individuals ten to fifteen centimetres of catgut are introduced into the sac and kept there from one to twelve hours, and in older and weaker persons thirty centimetres of catgut for twenty-four to thirty hours. The indication for its withdrawal is the occurrence of inflammatory manifestations in the operated portion. The inflammation soon ceases, and adhesion of the tunica occurs.

TRANSLATIONS.

AMYLOID KIDNEY—LARGE WHITE KIDNEY—URÆMIA—HYDATED CYST—NUCLEUS OF GRAY HEPATIZATION AT THE BASE OF THE LEFT LUNG. By Dr. ALBERT JOSIAS, Chef de Clinique. Translated from the *Progrès Médical* by H. McS. Gamble, M.D., Moorefield, West Virginia.
Marie Renaudie, aged 46 years, Cork, was ad-

mitted Dec. 5th, 1881, into ward Sainte-Anne, bed 3, at Charity Hospital, in the service of Prof. Hardy. This patient entered the 5th of Dec., 1881, presenting the following symptoms: White, firm œdema of the lower extremities; lumbar pains, absence of ascites, slight œdema of the face, discoloration of the integuments, right hydrothorax, sub-crepitant râles at the base of the left lung, albumen in notable quantity in the urine, which is somewhat scanty. Milk regimen; Tannin, 0 gr. 10; four pills a day.

In the course of Jan., 1882, the patient very pale, urine increased; a litre and a half about. The sub-crepitant râles noticed at the base of both lungs had disappeared. The albumen was decreasing in decided proportion. The patient then committed the imprudence of going down into the garden, where she experienced a sharp chill. She immediately ascended into the ward, where, in the evening, at the second visit, we discovered an intense acute bronchitis (general sibilant and sub-crepitant râles), and a considerable diminution of the urine, which was albuminous. At the same time the patient complained of lumbar pains, and showed some anasarca.

February 4th.—The patient is very much oppressed; can with difficulty reply to the questions addressed to her. She remains in the dorsal decubitus, tongue dry, slightly rough (saburrale). Two or three attacks of vomiting the day before; diarrhœa persisting for the last fifteen days. Sub-crepitant râles posteriorly and at the base of both lungs. The pulsations of the heart are perceived with difficulty, on account of the oppressed respiration and of the numerous râles disseminated throughout the lungs. Cephalalgia. Delirium during the night. Marked œdema of the legs. Abdomen slightly salient at its lower part, of which the skin is œdematous. Treatment, Ipecac, 1 gram.

February 6th.—The patient complains of a severe pain in the ears, suffers an intense headache, and has delirium all night. The urine is scanty. Color greenish, urea much diminished. Uric acid absent or in very small quantity. Albumen in considerable quantity. Urohæmatine absent. Evening: Facies anxious, pale, œdematous. Respiration tracheal. Anasarca. Respiration rude; a few mucous râles disseminated through the lungs. Diarrhœa. Pulse small, frequent, T. 38.2°. Died February 7th, at 8 o'clock in the morning.

Autopsy the 8th of February, at 9 o'clock in the morning. On opening the abdominal cavity there escapes a small quantity of ascitic fluid. The liver is very voluminous, occupies the right hypochondrium, the epigastric region, and the whole left hypo-

chondrium ; it entirely covers the stomach, which it pushes backward and downward.

The suspensory ligament divides the liver into two very distinct parts, separated especially at the level of the anterior border by a deep furrow. The right half of the liver, very large, pushes back the diaphragm, to which it is entirely adherent ; it results from this that the largest portion of this region of the liver is protected by the false ribs. As soon as the liver is removed from the abdominal cavity we observe on the convex surface of the liver, to the right, a cystic tumor, of the dimensions of a foetal head at term. This tumor is manifestly fluctuating. The opening of this tumor allows us to recognize the fact that we are in the presence of an enormous hydatid cyst, the covering of which is represented by a thick membrane, resistant, fibrous, and of which the contents are composed of a multitude of hydatids. Of these hydatids, some are colored green, dragged down ; others (daughter hydatids) are nothing but little pockets containing a liquid as transparent as the purest water and some débris of echinococci. Its contents weigh 1 k. 190.

The liver, with its cyst unincised, weighs 2900 grams ; the cyst having been incised and completely emptied, the liver weighs 1710 grams. Whence it naturally results that the contents of the hydatid weighed 1190 grams.

The right kidney is more voluminous, more hypertrophied than the left kidney. Decortication is easy. There are but few points where the adherent fibrous membrane draws out any portion of the renal substance. External appearance : Convex border of a vinous red. The whole surface of the kidney is of a grayish white, and presents a few red capillary striæ. Here and there, in the midst of the reddish color of the convex border, we find a few yellowish white points which have the dimension of the head of a pin. At the level of the superior extremity, the grayish renal substance is especially altered, from the fact of putrefaction. Circumference : 33 centimetres ; the length, from one extremity to the other, equals 14 centimetres ; the width is 7 centimetres $\frac{1}{2}$. Upon the posterior surface, several cystic points of the size of a pin's head or of a grain of millet. Interior aspect : the pyramids, to the number of six, are rosy, and are clearly defined upon a yellowish-white base. The cortical substance entire, at the periphery and between the pyramids is yellowish. This greasy yellow color is characterized under the lens by a yellow surface, upon which we distinguish a series of white lines, well marked, and lost in the midst of a pale gray tissue. At the periphery of the renal substance we do not

distinguish a single glomerule ; however, under the lens we find still a few red points and blood-colored striæ. On a level with the hilum, a few fatty streaks.

Left kidney. At the surface, a few cystic points containing a serous liquid. Decortication is very easily accomplished. There exists no point of adhesion between the fibrous capsule and the external surface of the kidney. This kidney is slightly shrunk, retracted ; this retraction contrasts with the aspect of the right kidney. For this fact, the irregular convex border presents elevations and depressions. The external mammillated surface presents a series of yellowish spots ; these spots are composed of white points on a yellowish base. Under the lens the internal surface presents six pyramids of Malpighi, reddish, and surrounded by a yellowish-white substance ; the latter, of a greasy aspect, occupies the whole periphery of the kidney and all the space comprised between the pyramids as far as to the calices. At the periphery and with the lens, we observe a sprinkling of white points, but we distinguish only a few glomerules under the form of rosy points. The spleen is slender and elongated ; it is friable, and covered with a thick fibrous covering. Weight, 218 grams. The left lung is congested at the base ; it presents at this level a hard, consistent nucleus. Section of this nucleus reveals a grayish surface, pressure upon which causes a non-aerated, purulent liquid to exude. A fragment of this nucleus thrown into water does not float.

The right lung is also congested at the base, but without a nucleus of hepatization. The brain presents nothing abnormal. No serosity in the meninges, or in the ventricles. Histological examination of the kidney made by Dr. Talamon, chef de clinique de la Faculté. The sections of the kidney, colored by Paris violet, show an amyloid degeneration of the glomerules, of the arterioles, and of a large number of capillaries. All the glomerules and all the arterioles are strongly colored red by the methylaniline violet. The glomerule is transformed entire into a mass of amorphous substance colored red, and presents no longer an ordinary trace of its constituent elements ; in some, however, the vascular tuft is still recognizable in spite of the amyloid infiltration. The tunics of the arterioles appear confluent into a single one, represented by a thick circle, strongly colored red ; there is no endarteritis nor periarteritis appreciable. In a great number of points the amyloid infiltration is seen diffused in the capillaries, which form between the tubuli a network with irregular meshes colored red, the tubuli remaining blue. Upon sections made perpendicularly

to the surface of the kidney, we see very clearly the interlobular arterioles ascend between the canaliculi under the form of red lines between two rows of glomerules infiltrated with amyloid matter.

The canaliculi nowhere present a trace of amyloid degeneration, neither of their lining cells nor of their walls. A large number show by the section their lumen occupied by a colloid cylinder colored blue by the violet; others are filled with half broken-down cells, granular, and still containing their nucleus; others are void of all epithelial covering. The coloring of the sections by picro-carmin brings out in a very lively manner the marked thickening of the connective net-work of the kidney. This network is fibroid, formed of adult connective tissue, and contains only rare embryo cells. The glomerules as well as the canalicules are enveloped by the thick bands of adult tissue. There are then at the same time interstitial nephritis and epithelial nephritis, with very advanced amyloid degeneration of the glomerules, of the arterioles, and of a part of the capillaries.

Reflections.—This observation has appeared to us interesting, because it permits us to show the type of the large white kidney. Every day, in fact, we meet with renal alterations, corresponding to Bright's disease, and standing apart, if not in the histological lesions, at least macroscopically, from the typical case, such as Bright has described it, and like that which M. Charcot has reported in his lessons upon the diseases of the kidneys. For these different reasons, it has seemed to us useful to present a large white kidney, remarkable for its characters exclusively macroscopical. And, in fact, the histological examination, made by my friend Dr. Talamon, demonstrates that we have to deal with an amyloid kidney. Apart from these rapid considerations, of an anatomical order, we will state clearly one point which we have described in the clinical history of our patient. We mentioned, in fact, in the earliest days, the existence of a right hydrothorax, which we attributed naturally to the renal affection. And why should it not have been so? The right side of the chest was scarcely enlarged, was characterized by flatness, an absence of the vesicular murmur and of the thoracic vibrations, by all the signs, in a word, which permit us to diagnose a liquid poured out into the pleural cavity. This diagnosis of hydrothorax found more and more its clinical confirmation in the manifestations of the following symptoms: pulmonary œdema, anasarca, albuminuria. The autopsy has contradicted us in causing us to discover a voluminous hydatid cyst seated in the right lobe of the liver, and very near its convex surface. This seat,

the determination of which does not find itself within the reach of our means of investigation, amply explains our mistake, but little prejudicial, under the circumstances, to our patient. As to the phenomena of dyspnœa which were produced during the latter days of the disease, and which were accompanied by anuria, collapse, apyrexia, they belong properly to uremia, and have presented nothing unusual.

SURGICAL CLINIQUE. A few Reflections upon the Application of the Speculum for the Diagnosis of Diseases of the Neck of the Uterus, by DR. DOUBRIER, Surgeon-in-Chief of the Hospitals of Compiègne. Translated by H. McS. GAMBLE, M.D., Moorefield, W. Va.—*From the Union Médicale*, 1883.

For some years past we have had occasion to witness a large number of diseases of the uterus. The result of our observations is that these afflictions have often been misunderstood by our colleagues, even by the most celebrated, and this because, according to our opinion, the application of the speculum has been made without taking some useful precautions. We believe it then not inopportune to call attention to a quite common source of error in relating the history of a few of our patients.

Case 1. Madame X., thirty-two years of age, of a strong constitution, has had one daughter, nine years ago; the labor was easy, the termination fortunate. This lady comes to consult me in June, 1874. For two years past she has been suffering, and presents the following symptoms: The strength is diminished, fatigue supervenes upon the least effort, upon the shortest walk; there is a frequent desire to urinate, weight in the pelvis, constipation. The menses are regular, but followed by a very abundant leucorrhœa, lasting eight or ten days, and, in truth, the leucorrhœa never entirely disappears. Besides there are pains in the stomach and dyspepsia. I observe no sign of anæmia. These symptoms are sufficient to indicate to any attentive observer the existence of a uterine affection. So the usual medical attendant of the patient, suspecting this affection, demanded and obtained an examination. He observed in the case of Madam X. an hypertrophy of the neck, with anteversion of the uterus; nothing more.

But here is what I find in the case of this patient: To the touch I discover that the neck is hypertrophied, elongated; that the uterus is itself attacked with a certain degree of hypertrophy. The opening of the neck allows the end of the finger to enter easily, which discerns then the existence of a gran-

ular surface, a sensation which results from the presence of a profound ulceration.

With the speculum, I find the neck violaceous, traversed by large varicose veins, and apparently *without ulceration*. But on strongly applying the speculum and partially opening the valves of the instrument slowly, in such a way as to elevate the upper lip with the upper valve, I immediately perceive a vast ulceration involving both lips and especially the upper lip; this ulceration is fungous, bleeding, and deep. It is evident that my confrère, called in the first place to attend this patient, has made use of the ordinary open speculum, or that he has not pressed sufficiently upon the bivalve speculum in such a manner as to elevate the upper lip of the neck. He has hence failed to recognize the disease, which I have easily discovered, by means of the little manœuvre which I have just indicated. I do not dwell upon the treatment; a few cauterizations with the hot iron have easily cured the affection.

Case 3. Mme. S., 28 years old, of a good constitution, has had three fortunate pregnancies; for six months past she has suffered with her stomach; gastralgic pains, with acid regurgitations, frequent desire to urinate, leucorrhœa abundant, menses irregular, feeling of weight in the groins. She consults at Paris one of our masters. The latter discovers in her the existence of an anteversion, with hypertrophy and elongation of the neck. He advises the use of a hypogastric band and hydropathic treatment. At the end of two months there is no amelioration, and the patient comes into my office.

Like our illustrious confrère, I observe the hypertrophy and elongation of the neck, the anteversion; but instructed by my observations in applying the speculum, I practise the little manœuvre which opens the neck, and I perceive a profound ulceration involving the cervical cavity.

Three cauterizations with the thermo-cautery accomplish the cure fully and completely.

I might publish here several analogous observations; those which precede appear to me sufficient. I will only relate the history of a fourth case which I owe to my excellent confrère and friend, Dr. Canivet, which will help to confirm the preceding, and to show the care which it is necessary to exercise in examinations with the speculum.

Case 4. A lady consults Dr. Canivet for wasting. My colleague examines her with the speculum, and establishes the existence of a small polyp in the cervical cavity of the uterus; he is enabled to make this discovery by taking care to exercise a tolerably strong pressure upon the neck, in such a way as to open it a little. He naturally proposes to extirpate

this polyp. The patient, having occasion to go to Paris, is conducted by a relative to Dr. Lisfranc, whose competency in such matters no one can contest. M. Lisfranc examines, and declares that there is no polyp. Hence great commotion in the patient and in the family, disagreeable surprise to my confrère accused of making a mistake. Confident in his diagnosis, M. Canivet takes the patient to Lisfranc, who examines her anew. After having applied the speculum, he calls my confrère, then quite young, says to him in the sarcastic tone familiar to us all: "See, my dear sir, whether you will be more fortunate than I. I see no polyp." You can imagine after this the emotion of the young doctor before a demonstration like that of Lisfranc. Had the polyp disappeared? We know that these polyps sometimes come down spontaneously. Our colleague examines and sees nothing, but on pressing upon the instrument in such a way as to bear upon the upper lip and to elevate it, he sees, to his great joy, the polyp appear. And Lisfranc says: "Madame, you have a polyp which my colleague will remove whenever you please."

The lesson was typical, and needs no commentary; it carries with it its own clinical teaching, and proves the care we ought to exercise in the examination of patients.

It remains to dwell for a moment upon the use of the speculum in basing my remarks upon the preceding observations. The application of the speculum is described in all the classical treatises; position of the woman, and of the operator; mode of introducing the instrument; search for the neck; all these things are perfectly indicated and minutely described, but this does not suffice. The cases which we have just reported, it seems to us, ought to make clear what the authors have neglected.

We do not know whether more precise indications are given by other authors, but at least in the work of Courty, as well as in that of Churchill, we do not find them taught. What do we see really in our observations? Ulcerations of the cervical cavity and a polyp entirely overlooked. This proceeds from the examination having been made in a light and careless manner. When the neck is large and elongated, the speculum applied according to the rules can only bring into view the anterior portion of the neck and by no means the cavity. But it results from the numerous observations we have been able to make, that it is possible to partially open the neck with the bivalve speculum of Ricord, in having recourse to a little manœuvre easy to execute. It suffices, after having applied the instrument according to the ordinary rules, to give it a slightly see-

saw motion, in such a way that the upper valve presses strongly upon the anterior lip, then to slowly open it half way. Then the anterior lip is lifted up, and the cavity is partly exposed. It is by this means that we have succeeded in seeing ulcerations overlooked by our colleagues and by some of the most distinguished specialists.

In employing the open speculum it is difficult, not to say impossible, to succeed in opening the neck; however, in giving a see-saw motion to the instrument, and likewise in bringing to bear a sufficient degree of pressure, one may sometimes succeed, although less completely; this is what happened to our confrère, Dr. Canivet, in the presence of Lisfranc.

It is upon this point that we have wished to draw the attention of our brethren who will be willing to read this little note. We believe that we are doing a good work in engaging them to employ our habitual manœuvre and to avail themselves of the bivalve speculum for a first examination. We believe that the speculum of Ricord, with its more delicate extremity, is preferable to that of Cusco, for these investigations at least.

Besides it must be admitted the studies, as far as regards the diseases of women, are exceedingly incomplete. How many young physicians leave school without having ever applied the speculum? Likewise, how many errors committed at the start, or at least what groping about? It is for these young men an entire education to form, and yet the diseases of women are so frequent that it is sad to see our young generation of physicians so little prepared upon this question.

Finally, we will notice the services which the thermo-cautery can render, with its almost complete freedom from radiating heat. It permits, in fact, cauterization without the necessity of employing the open speculum, an instrument defective in the cases of which we have just spoken. All that is necessary is a hand firm and confident of itself.

EMBOLISM OF THE FEMORAL ARTERY IN CONVALESCENCE OF DIPHTHERIA. By M. POUPON. Translated from the *Progrès Médical*, January 6, 1883, for GAILLARD'S MEDICAL JOURNAL, by H. McS. GAMBLE, Moorefield, West Virginia.

Jeanne Granger, aged seven and a half years, was admitted, the 17th of February (1882), into St. Catherine's ward, in the service of Dr. Bouchut, to be treated for croup. Operated on on the same day by M. Lunois, she went out on the second of March with the wound completely closed, and in a very

good general condition. During her first sojourn at the hospital she had albuminuria, but at the time of her discharge there was not a trace of it.

On March 13th this little girl returned to the hospital with an exaggerated dyspnœa, fever, and a strongly pronounced pallor of the face.

The mother informs us that during her stay at home she had ejected some pieces of false membrane. Has she had at home a new diphtheritic attack? It is possible; but it often happens that parents take for false membranes mucosities without significance to the physician. Be that as it may, her general condition had become bad, and on the 12th of March this little girl was seized with a dyspnœa, accompanied with fever. So the mother brought her back to the hospital on the 13th of March. Examination of the patient reveals no trace of diphtheritic paralysis. The temperature was 39°; the respiration frequent (40 to the minute). Percussion of the thorax indicated a little dulness at the base of the right lung. At this level was heard a slight expiratory murmur with a pleuritic timbre. Dr. Bouchut made the diagnosis of pulmonary embolism, thinking that the pleuritic effusion was of the nature of those effusions observed as the result of pulmonary embolism (Prof. Charcot). Auscultation of the heart could not be satisfactorily performed because of the respiration, which was accomplished with a considerable inspiration through the tracheal wound, which was still open. A few mucous râles were disseminated through the chest; p. 80.

March 14th; the little girl complains of a sharp pain in the right popliteal space. In the evening, purplish spots over the whole foot. These spots, the size of a franc, and scattered over the foot, have the purplish coloration of gangrene.

The leg is cold, and the pulsations of the popliteal and even of the crural artery are imperceptible. The temperature of the right leg is 31°, that of the left 37°. Sensibility is absolutely abolished as far as the gangrenous spots extend. The next day these spots extend above the knee. Dr. Bouchut diagnoses embolism of the popliteal artery. The little girl dies an hour after the visit.

Autopsy.—The family opposes it. Upon repeated solicitations of M. Bouchut, they allow an incision above the knee to be made, while strictly forbidding anything further being done. A clot three centimetres long is found in the crural artery, extending from the center of the ring of the adductor magnus to the middle of the popliteal artery, and presenting the appearance of a black lead-pencil. The clot is of a grayish-brown color, and is adherent to the walls of the vessel. It presents at certain points some

brighter appearance. This clot fills the entire lumen of the artery.

Reflections.—It appears evident that the clot in the femoral artery is due to an embolus, around which a thrombus has been formed, which constitutes, as in all cases of this kind, almost the entire bulk of the clot. This fact is unique in the history of diphtheria. It approximates the capillary infarctions of the skin described by M. Bouchut, and the fact of cerebral embolism having induced a softening of the brain, a fact observed by M. Bouchut in diphtheria.

SELECTIONS.

THE STERILITY OF WOMEN. Delivered at the Royal College of Physicians, February, 1883. By J. MATTHEWS DUNCAN, M.D., LL.D., etc., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital.

MR. PRESIDENT, VICE-PRESIDENT, AND GENTLEMEN: In studying the theory or inquiring into the causes of sterility in women, it is advantageous to keep in mind the corresponding condition in plants and in the lower animals, for in all living beings there is more or less similarity of the sexual organs and offices, and disturbance of function in one division will throw light on disturbance in another. On this subject I have made many, but only casual observations, and have had the privilege of conversation with gardeners and breeders, classes of men in whom are found many of remarkable intelligence and acuteness of observation. But the great storehouse of facts and references on which I rely is Darwin's "Variation of Animals and Plants under Domestication." Plants, and some animals, propagate otherwise than by sexual generation, but it is only the sterility arising from disturbance from the regular course and consequences of sexual union that has a direct or nearly direct bearing on the present inquiry. The sterility of hybrids, which, considering the theory he is supporting, forms naturally the main study of Darwin, is of comparatively little interest to us, and will not be hereafter referred to, but many of the principles of sterility find strong support in the special sterility of hybrids.

Viewing the subject generally, we may anticipate a great result by pointing out the paramount prevalence and paramount potency of constitutional conditions as causes of sterility. Such are cold and heat, overfeeding and underfeeding, youth and old age, degradation of general health, confinement, and interbreeding.

Local conditions occur in plants that are quite sufficient to account for or cause sterility. Such are contabescence of anthers, monstrous flowers, double flowers, seedless fruit. These local conditions are the result of the general or constitutional conditions of the individuals in which they occur; and they have their place rather in the results of sterility, or of the conditions producing sterility, than in the causes of sterility. They have their analogues in such abortions, dead fœtuses, unhealthy offspring, or monstrous products of animals, as are believed to be results of what may be called the sterile diathesis. The causes of sterility are causes of these imperfections, and for that reason they are referred to the sterile tendency. They do, indeed, constitute the sterility to be accounted for. Thus, to wander into hybridism for an example, it is an observation by Gärtner that hybridism in plants, a great cause of sterility, produces also a strong tendency in flowers to become double.

In the vegetable kingdom, every one has observed that source of sterility which may be, no doubt nearly truly, designated a degradation of general health. A plant covered with flowers is brought from a house where its fertility has been stimulated to the highest degree, and placed as an ornament in a sitting-room, where it remains till its charms are lost, and the result is such an injury to its constitutional vigor, that it is sterile, or nearly sterile, for one or for several subsequent seasons. Its fertility may never be restored, or only after several years of the medical care of a skilful gardener. The scarlet geraniums which are brought from their healthy homes in full bloom to adorn the houses of inhabitants of densely populated cities soon show the injurious influence of their new surroundings, however well they may be cared for; their flowers become less numerous, or are altogether wanting; then their leafage diminishes greatly in quantity, and their existence becomes a mere lingering. A rose-garden, lately in a suburban position near London, becomes surrounded by the growing city, and gradually, as the buildings increase, the fertility of the roses diminishes; the garden becomes useless. Some of our finest forest trees, among them some plants, grow beautifully in our squares, producing wood in even exaggerated quantity, and a clothing of leaves sufficient for ornament; but there is no wealth of leaves, and there is no seed. In some cases, an exception makes the rule more striking, as when a cherry-tree in the heart of the city of London lately produced flowers and matured its fruit, so far as maturity is indicated by beauty, size, and taste.

Practical gardeners attribute sexual injury to over-

stimulation by manure, or what they call overfeeding. This ordinarily produces great growth of the tissues ; and, when this is restrained by judicious pruning, it forces out a large or excessive crop of flowers and subsequent fruit. In the language of Spencer, there is produced by overfeeding an excess of individuation, the restraint of which results in excess of genesis. The natural tendency of overfeeding of plants is to produce a degree of relative sterility ; and this may show itself in a paucity of flowers, or it may show itself in the production of those double or monstrous or abortive flowers which are so much admired. The opposite result is produced by moderate or full feeding. Then, in mature plants, there is not great growth of tissues, but rather a production of fruit. Sometimes, the plant, without assignable cause, but especially if underfed, has an exaggerated production, and is said to run to seed ; and, from whatever it may arise, it, in a reflex manner, injures the plant, which consequently becomes blighted, and often dies. Excessive production here seems to take the place of sterility.

The following is an interesting illustration of the effect of overfeeding and of moderately feeding or underfeeding a vine ; and it is important because it specifies a particular local condition or disease which is apparently the cause of the infecundity of the overfed plants, and so indicates a line of investigation which may with advantage be pursued in other examples of sterility. In a recent letter from Mr. Thomson, the well-known vine-cultivator, he writes : "A circumstance has arisen in my own experience that I have never seen noticed in print. A vine called the Alnwick seedling, if grown vigorously in rich soil, fails to set its fruit even when aided. This failure is caused by the exudation from the female organ of a dewdrop of sap, which moistens the pollen, and it does not descend through the pistil and impregnate the ova. When the vine is grown in poor soil the dewdrop does not appear, and impregnation takes place ; seeds are formed in perfection, but the pulp for which the grape is grown is almost absent. I know," he adds, "no other grape affected in the same way or subject to the same influences."

I know no good account of the sterility of plants as regulated by age, but the influence of age is well recognized. A young fruit-tree bears no fruit, or very little, and that little imperfect ; and the careful gardener does not permit it to bear much, or even a little, believing that fruit-bearing injures growth and diminishes future fertility. The influence of old age and decay in fruit-bearing trees is also well known ; the fruit is ill-developed, and there is little of it.

"All know," says Spencer, "that a pear-tree continues to increase in size for years before it begins to bear, and that, producing but few pears at first, it is long before it fruits abundantly. A young mulberry, branching out luxuriantly season after season, but covered with nothing but leaves, at length blossoms sparingly, and sets some small and imperfect berries, which it drops while they are green ; and it makes these futile attempts time after time before it succeeds in ripening any seeds. But these multiaxial plants, or aggregates of individuals, some of which continue to grow while others become arrested and transformed into seed-bearers, show us the relation less definitely than certain plants that are substantially, if not literally, uniaxial. Of these, the cocoa-nut may be instanced. For some years it goes shooting up without making any sign of becoming fertile. About the sixth year it flowers, but the flowers wither without result. In the seventh year it flowers and produces a few nuts, but these prove abortive, and drop. In the eighth year it ripens a moderate number of nuts, and afterward increases the number, until, in the tenth year, it comes into full bearing. Meanwhile, from the time of its first flowering, its growth begins to diminish, and goes on diminishing till the tenth year, when it ceases."

The evil influence of interbreeding is a subject too extensive to enter upon at any length. In plants, it is corroborated by the well-known advantage of crossing of varieties. But it needs no confirmation ; for there are self-impotent plants, plants more thoroughly fertilized by nearly allied species than by pollen of their own species ; and there are the wonders of dimorphism with sterility arising from union of individuals not only of the same species, but of the same form. In the works of horticulturists is to be found ample evidence that interbreeding of plants tends to weakness, malformation, and sterility.

The influence of heat and cold is, in plants, well illustrated by the failure of most Alpine species to produce flowers and fruit in lowland gardens, and by the same failure of lowland plants as they ascend the sides of mountains. A walk in the highlands will show the pines thriving on the hill-sides and well covered with cones ; but, as greater altitudes are reached, the trees are observed to become stunted and the fruit entirely to fail.

The abortion-like sterility of plants is illustrated by the bearing of double flowers, of flowers whose seeds do not ripen, or whose seeds, though apparently perfect, are incapable of germination and growth. In some of the cases of seedless fruit, and of fruit with few seeds, or with one seed, or with

imperfect seed, we have also abortion, and at the same time a fine illustration of the working, locally, of the opposition between individuation and genesis. The whole plant, as the vine or pear-tree, may have the appearance of health, and its fruit alone is unnatural. The tissues of the fruit-capsule are enormously developed, while the seeds have disappeared, or are reduced to one or a small number. The luscious pear or the juicy grape are masses of hypertrophy or myxomatous-like degeneration, while the seeds are the subject of extreme hypoplasia. Gardeners generally ascribe these results to overfeeding and overstimulation by manures and heat; but Darwin is more cautious, and in most cases does not analyze the causes farther than is implied in "unnatural conditions of life." No one, according to Lindley and Darwin, has produced double flowers by promoting the perfect health of the plant.

Before leaving vegetable physiology, I would point out the frequent occurrence in plants of seeds which, though apparently perfect, will not germinate; they cannot be distinguished from their neighbors otherwise than by their incapacity for growing. The same failure to grow is often observed, under closely similar circumstances, in the eggs of fowls and of other birds; they cannot be hatched, although no imperfection is discoverable in them. That there are such ova in other animals and in women is highly probable, but in them the completeness of the demonstration is unattainable.

Very little is known of the sterility of animals, and it is easily understood that reliable observations can only, with great difficulty, be made on them, especially in a state of nature. Many authors, and latterly Darwin and his collaborators, have paid much attention to the great subject of the sterility of hybrid animals. Observations and experiments in this department are made chiefly on domestic animals, or on wild animals in confinement, and each experiment has a high value. But the sterility of ordinary domestic animals has been little studied. In herds of fine heifers and cows, and in mares, it is occasionally exhibited, but I have no data as to its frequency; and in cattle, at least, observations are imperfect, the animal that, by sterility of one season, disappoints his owner, being generally at once fattened for the butcher.

It is a well-known belief among breeders, which may be traced to ancient times, that when the female of any kind is made to breed when very young, she does so at the expense of permanently preventing her own growth to perfection, and she will be likely to produce offspring that is not of the best quality. This failure is well illustrated in the case

of the common fowl and of the turkey, the progeny of chickens and of turkeys one year old being not the best of their kind, and specially difficult to rear. Fanciers breed these animals from a female two years and a male three years old. The occurrence of sterility in early and in elderly life is clearly seen, and its degree easily made out in pluriparous mammals, as the dog and pig, and in birds whose broods can be counted, and whose yearly production of eggs can be also numbered. This subject will be discussed fully when we come to consider pluriparity in woman.

Overfeeding, or the production of fatness or of obesity in the female, is well-known to be hostile to fertility, to be an illustration of the opposition of individuation to genesis. By special feeding and fattening turkeys and common fowls, the henwife arrests almost completely the production of eggs. They may also be made fewer by starving the birds, and not fewer only, but also smaller. These birds, when highly fed, sometimes exhibit excessive productiveness, two eggs being laid daily, an instance of great intensity of fertility; but this is not regarded with favor, having, I am told by a turkey-fancier, an injurious influence in their case, by delay of the commencement of laying in the season following that of the excessive production. The breeder of cattle prevents, by careful management, the fattening of the females.

In respect of feeding, comparisons are made between the relative sterility of wild animals and the comparative fertility of domesticated or confined animals of the same species, but the comparisons are not quite satisfactory, from the intermixture of the influences of food, and of domestication or confinement; and again, in the comparisons of animals fed on rich and on poor pasture, sufficient care is not taken to insure that the compared animals are of the same breed. With this previous reflection, I subjoin an interesting passage from Spencer's chapter on nutrition and genesis: "Clear proof," says he, "that abundant nutriment raises the rate of multiplication (and *vice versa*) occurs among mammals. Compare the litters of the dog with the litters of the wolf and the fox. Whereas those of the one range in number from six to fourteen, the others contain respectively five or six, or occasionally seven, and four or five, or rarely six. Again, the wild cat has four or five kittens, but the tame cat has five or six kittens two or three times a year. So, too, is it with the weasel tribe. The stoat has five young ones once a year. The ferret has two litters yearly, each containing from six to nine, and this, notwithstanding that it is the larger of the two. Perhaps the

most striking contrast is that between the wild and tame varieties of the pig. While one produces, according to its age, from four to eight or ten young ones once a year, the other produces as many as seventeen in a litter; or, in other cases, will bring up five litters of ten each in two years, a rate of reproduction that is unparalleled in animals of as large a size. And let us not omit to note that this excessive fertility occurs where there is the greatest inactivity—where there is plenty to eat and nothing to do. There is no less distinct evidence that among domesticated mammals themselves, the wild-fed individuals are more prolific than the ill-fed individuals. On the high and comparatively infertile Cotswolds, it is unusual for ewes to have twins, but they very commonly have twins in the adjacent rich valley of the Severn. Similarly, among the barren hills of the west of Scotland, two lambs will be born by about one ewe in twenty; whereas, in England, something like one ewe in three will bear two lambs. Nay, in rich pastures, twins are more frequent than single births; and it occasionally happens that, after a genial autumn and consequent good grazing, a flock of ewes will next spring yield double their number of lambs—the triplets balancing the uniparæ. So direct is the relation, that I have heard a farmer assert his ability to foretell, from the high, medium, or low condition of a ewe in the autumn, whether she will next spring bear two, or one, or none."

An interesting department of the sterility of animals is that which results from confinement. This seems specially to affect what are vaguely designated the noble animals. Those which are sterile show great variations; some disdain to cohabit, or have lost sexual desire; others have increase of sexual appetite, and cohabit freely or excessively, but without impregnation resulting, or with the result rarely following. Some, if impregnated, bring forth only abortions, or young which are born dead, or, if alive, feeble and ill-formed. There is, for instance, as Shorthouse has pointed out, a common occurrence of cleft palate in the lions' cubs born in the Zoölogical Gardens.

Among birds in confinement, there are many good examples of change of sexual habits and of sterility. In some cases, they have no eggs, or, if they produce, they have only comparatively few, or they may neglect the eggs when produced, or the eggs duly cared for may be incapable of being hatched. This abortional sterility arising from imperfection of eggs as a result of confinement is well proved by experiments made in France on the common fowl. When these birds were allowed considerable freedom, 20 per cent of the eggs failed to be hatched; when

less freedom was allowed, 40 per cent failed; when closely confined, 60 per cent were not hatched.

The power of temperatures that are not according to an animal's nature to induce sterility is no doubt very great. Darwin mentions that Mr. Miller, a former superintendent of the Zoölogical Gardens, believed that the sterility of the carnivora there was increased by increase of exposure to air and cold. In winter, inadequately sheltered cows either cease to give milk, or give it in diminished quantity. "And," says Spencer, "though giving milk is not the same thing as bearing a young one, yet, as milk is part of the material from which a young one is built up, it is part of the outlay for reproductive purposes, and diminution of it is a loss of reproductive power." Failure to maintain the cow's heat may entail such reduction in the supply of milk as to cause the death of the calf. Hard living, says Darwin, retards the period at which animals conceive, for it has been found disadvantageous in the northern highlands of Scotland to allow cows to bear calves before they are four years old. Roulin found that in the hot valleys of the equatorial Cordilleras, sheep were not fully fecund.

The common fowl will not breed in Greenland or Northern Siberia. "In this country, it is fed," says Spencer, "through the cold months; but nevertheless, in midwinter, it either wholly leaves off laying, or lays very sparingly. And then we have the further evidence that, if it lays sparingly, it does so only on condition that the heat, as well as the food, is artificially maintained. Hens lay in cold weather only when they are kept warm. To which fact may be added the kindred one that, when pigeons receive artificial heat, they not only continue to hatch longer in autumn, but will recommence in spring sooner than they would otherwise do."

On the subject of the interbreeding of animals, there is a vast body of opinion as well as of facts showing its power in producing monstrosity and its ally, sterility. "If we were," says Darwin, "to pair brothers and sisters in the case of any pure animal, which from any cause had the least tendency to sterility, the breed would assuredly be lost in a few generations." Elsewhere, he shows that "long-continued close interbreeding between the nearest relations diminishes constitutional vigor, size, and fertility of the offspring; and occasionally leads to malformations, but not necessarily to general deterioration of form or structure. This failure of fertility shows that the evil results of interbreeding are independent of the augmentation of morbid tendencies common to both parents, though this aug-

mentation no doubt is often highly injurious. Our belief that evil follows from close interbreeding rests to a large extent on the experience of practical breeders, especially of those who have seen many animals of the kind which can be propagated quickly ; but it likewise rests on several carefully recorded experiments. With some animals, close interbreeding may be carried on for a long period with impunity, by the selection of the most vigorous and healthy individuals ; but, sooner or later, evil follows. The evil, however, comes on so slowly and gradually, that it easily escapes observation, but can be recognized by the almost instantaneous manner in which size, constitutional vigor, and fertility are regained when animals that have long been interbred are crossed with a distinct family.

Regarding the very remarkable subject of sterility of sexual connection with special individuals only, Darwin says : " It is by no means rare to find certain males and females which will not breed together, though both are known to be perfectly fertile with other males and females. We have no reason to suppose that this is caused by these animals having been subjected to any change in their habits of life. The cause apparently lies in an innate sexual incompatibility of the pair which are matched. Several instances have been communicated to me by Mr. W. C. Spooner (well known for his essay on Cross-breeding), by Mr. Eyton, of Eyton, by Mr. Wicksted, and other breeders, and especially by Mr. Waring, of Chelsfield, in relation to horses, cattle, pigs, foxhounds, other dogs, and pigeons. In these cases, females which either previously or subsequently were proved to be fertile, failed to breed with certain males, with whom it was particularly desired to match them. A change in the constitution of the female may sometimes have occurred before she was put to the second male ; but in other cases the explanation is hardly tenable, for a female known not to be barren has been unsuccessfully paired seven or eight times with the same male, likewise known to be perfectly fertile. With cart-mares, which sometimes will not breed with stallions of pure blood, but subsequently have bred with cart-stallions, Mr. Spooner is inclined to attribute the failure to the lesser sexual power of the racehorse ; but I have heard, from the greatest breeder of racehorses at the present day, through Mr. Waring, that it frequently occurs with the mare to be put several times during one or two seasons to a particular stallion of acknowledged power, and yet prove barren, the mare afterward breeding at once with some other horse. These facts are worth recording, as they show, like so many previous facts, on what slight constitu-

tional differences the fertility of an animal often depends.

Before leaving the subject of the causes of sterility of animals, I quote a passage from Darwin regarding the results of confinement. " Sufficient evidence," says he, " has now been advanced to prove that animals, when first confined, are eminently liable to suffer in their reproductive systems. We feel at first naturally inclined to attribute the result to loss of health, or at least to loss of vigor ; but this view can hardly be admitted, when we reflect how healthy, long-lived, and vigorous many animals are under captivity, such as parrots, and hawks when used for hawking, cheetahs when used for hunting, and elephants. The reproductive organs themselves are not diseased, and the diseases from which animals in menageries usually perish are not those which in any way affect their fertility. No domestic animal is more subject to disease than the sheep, yet it is remarkably prolific. The failure of animals to breed under confinement has been sometimes attributed exclusively to a failure of their sexual instincts. This may occasionally come into play ; but there is no obvious reason why this instinct should be specially liable to be affected with perfectly tamed animals, except, indeed, indirectly, through the reproductive system itself being disturbed. Moreover, numerous cases have been given of various animals, which couple freely under confinement, but never conceive, or, if they conceive and produce young, these are fewer in number than is natural to the species. In the vegetable kingdom, instinct, of course, can play no part at all ; and we shall presently see (he says) that plants, when removed from their natural conditions, are affected in nearly the same manner as animals. Change of climate cannot be the cause of the loss of fertility ; for, while many animals imported into Europe from extremely different climates breed freely, many others, when confined in their native land, are completely sterile. Change of food cannot be the chief cause, for ostriches, ducks, and many other animals which must have undergone a great change in this respect, breed freely. Carnivorous birds, when confined, are extremely sterile ; while most carnivorous mammals, except plantigrades, are moderately fertile. Nor can the amount of food be the cause ; for a sufficient supply will certainly be given to valuable animals ; and there is no reason to suppose that much more food would be given to them than to our choice domestic productions, which retain their full fertility. Lastly, we may infer, from the case of the elephant, cheetah, various hawks, and of many animals which are allowed to lead an almost free life in

their native land, that want of exercise is not the sole cause. It would appear that any change in the habits of life, whatever these habits may be, if great enough, tends to affect in an inexplicable manner the powers of reproduction. The result depends more on the constitution of the species than on the nature of the change; for certain whole groups are affected more than others; but exceptions always occur, for some species in the most fertile groups refuse to breed, and some in the most sterile groups breed freely. Those animals which usually breed freely under confinement, rarely breed, as I was assured, in the Zoölogical Gardens, within a year or two of their first importation. When an animal which is generally sterile under confinement happens to breed, the young, apparently, do not inherit this power; for, had this been the case, various quadrupeds and birds which are valuable for exhibition would have become common. Dr. Broca even affirms that many animals in the Jardin des Plantes, after having produced young for three or four successive generations, become sterile; but this may be the result of too close interbreeding. It is a remarkable circumstance, that many mammals and birds have produced hybrids under confinement quite as readily as, or even more readily than, they have procreated their own kind. Of this fact, many instances have been given; and we are thus reminded of those plants which, when cultivated, refuse to be fertilized by their own pollen, but can easily be fertilized by that of a distinct species. Finally, we must conclude, limited as the conclusion is, that changed conditions of life have an especial power of acting injuriously on the reproductive system. The whole case is quite peculiar; for those organs, though not diseased, are thus rendered incapable of performing their proper functions, or perform them imperfectly."—*Brit. Med. Jour.*

THE PHYSICIAN'S OUTFIT. By L. S. M'MURTRY, A.M., M.D., Demonstrator of Anatomy in the University of Louisville.

The motto which the medical practitioner should from the very beginning of his career keep before him is, "*Semper paratus.*" He should ever be ready at a moment's warning to meet the exigencies of an important case. The successful progress of a young physician often dates from the time when by prompt action in some emergency, with the necessary apparatus at hand, he demonstrated his worthy fitness for the practical duties of his profession. Certain appliances are absolutely necessary for the practice of medicine at the present day.

Among the equipments of the practitioner are the

text-books which have been so well thumbed during the undergraduate period. These are to be preserved for constant reference and study, and when placed in the newly-tenanted office of the young practitioner may very appropriately typify the fact that he is to continue, in the years to come, a student of the fundamental branches of medicine as well as the intricate problems of ever-varying clinical experience. To these books should be added other well-known standard works. Monographs on particular subjects should gradually find their way into the collection. The most recent editions of the standard works should one by one be purchased. When a new book is added to the collection it should be carefully examined in its various parts, until the owner is familiar with its teachings, before it passes from the table to the shelf. The young graduate should begin at once to cultivate the periodical literature of his profession, and subscribe for at least two medical journals—a weekly and a monthly or quarterly. It is best to take one or two periodicals, and read them closely and regularly, rather than, by taking several, to form a habit of hasty and careless reading. If the habit is formed early of keeping abreast the progress of the medical science, it will, by and by, become a habit conferring infinite pleasure and advantage. If books and journals are preserved with care, and the latter bound at the end of each volume, in a short time the young practitioner will find himself in possession of the nucleus of a library; and to collect a library should be one of his important aims. The young physician should never underrate "book-learning," but should keep on with systematic study and acquaint himself with advanced methods of thought. He will repeatedly hear from old practitioners, as well as the laity, that book-knowledge, so called, is nothing, and that "practical experience" determines the qualifications of the doctor. There can be no more egregious error than to esteem mere experience, which is often fallacious, above a knowledge of the well-established principles of medical science. The so-called experienced practitioner is usually a routinist, and will be discomfited by any unusual case, which the younger man of book-knowledge will study out and comprehend. None are so often deceived by theory as those familiar with theoretical knowledge. It is *experience joined to theory*, and knowledge acquired from various sources and verified at the bedside, which conduce to make the able and successful practitioner. The decrying of book-knowledge and the undue estimation of experience is usually a cover for ignorance and incompetency. Neither alone will make a thorough-going, able practitioner. The two must be conjoined, and

theoretical knowledge must precede experience. The young practitioner should not be the least dismayed by hearing his knowledge decried. The physician of the times, the successful practitioner of the day, is he who knows the lessons of the clinical thermometer and the sphygmograph, the value of the aspirator and the drainage-tube, and who recognizes the scientific reasons for observing the utmost cleanliness and antisepsis in surgical and obstetrical cases.

The young practitioner's office should include a study and consultation room. In the city or in the country such an arrangement should be made, if possible. The study will for several years serve the additional purpose of a reception-room, and the consultation-room will afford privacy for consultation, examination, and minor operations. The physician's rooms should present the neat appearance of a professional man's office, instead of the slovenly and unattractive condition which elicits from the public the term "shop." Such arrangement tempts the physician to more constant occupancy, and conduce more to systematic study than will otherwise obtain. Systematic study and constant occupation are the surest protection from ennui and unprofitable associations.

After books and periodicals, the outfit of the young graduate relates to material appliances for practical work. These are instruments, materials for dressings, certain apparatus, and more or less of remedial agents.

No young practitioner needs all the many instruments and diverse apparatus which are recommended to the attention of the medical profession. The country and village practitioner will require more at the outset of his career than his *confrère* in the city, since the latter can supply his wants as necessity requires. Both, however, are apt to invest in an array of instruments which is more imposing and elaborate than necessary. Of course every practitioner will need from the beginning a clinical thermometer, a hypodermic syringe, a pocket-case of minor operating instruments, apparatus for examining the urine, and a pocket-case of the most important medicines. To these may be added, for office work, a forehead mirror, a tongue-depressor, a set of ear specula, sponges, probangs, bandages, absorbent cotton, and adhesive plaster. A set of uterine instruments, including Sims' speculum, a bivalve speculum, uterine probe, and dressing forceps, and tenaculum should be provided. Every physician should keep at hand a lot of good catheters, including various sizes of the soft rubber catheters known as Nélaton's catheters. A set of urethral sounds may be added later when the

purchase is justified by the demands of practice. Early in his career the practitioner should be provided with obstetrical forceps, though such instrument is rarely needed in the first year of practice. Of the various patterns of this instrument offered the profession, we believe that known as Elliot's forceps will best meet the wants of the general practitioner. The obstetrical bag should hold, in addition to the forceps, a perforator* and blunt hook, placental forceps, female catheter, Davidson's syringe, vials with glass stoppers for chloroform, ergot, and laudanum, and a box of vaseline. The principal reagents and remedies for topical application should always be in the office. The skill now displayed in the preparation of medicines in the United States will enable the practitioner to keep on hand, in elegant form, the really essential articles of the pharmacopœia. In surgical emergencies and the management of surgical cases a good supply of gypsum bandages should be always on hand. A few sheets of heavy binder's board should be ready for the demands of an accident. If the young practitioner has been properly instructed in the application of surgical dressings, he will know how to prepare these articles for his own use. As soon as practicable after getting a "start" in practice a good, compact electrical battery should be purchased, and, later on, a general operating case, with Esmarch's bandage and tourniquet. If the means of a young physician will at all permit it, we would urge him to purchase one of R. & J. Beck's economic microscopes, and, with the aid of one of the several excellent hand-books on microscopy, continue the studies begun in the laboratory of his alma mater. He should also, by practice, familiarize himself with the use of the laryngoscope and ophthalmoscope. In the selection of instruments and apparatus one should avoid cheap articles and novelties. In the selection of remedies and instruments, simplicity marks the practitioner of genuine ability.—*Louisville News*.

HYDATIDIFORM DISEASE OF THE CHORION.—Mr. Edward Stephens, M.R.C.S., of Ilminster, writes: "On September 7th, I was sent for by a midwife to attend Mrs. C., who was flooding. On my arrival, the hemorrhage had stopped. On making an examination, the uterine sheath was not sufficiently dilated to be able to ascertain its contents. On passing my hand over the abdomen, I remarked to the midwife how unusually circular it was. On the following afternoon, I was again hastily summoned, and found the woman had lost much blood. On making an examination, I found that, by a little manœuvring, I

* That of Dr. T. G. Thomas is best.

could insert my hand into the uterus; and I vividly remember how astonished the midwife and Mrs. C. looked, when I informed them that it contained no child. In fact, Mrs. C. stoutly declared that she had felt the child many times; and that, being the mother of thirteen children, all living, she ought not to have been mistaken. After administering a full dose of ergot, some sharp uterine pains followed—soon expelled a mass, which, when collected, filled three ordinary sized chamber utensils. After this jelly-like mass had been expelled, she rapidly recovered, and made an uninterrupted recovery.”—*British Medical Journal*.

CANEVA ON THE RADICAL CURE OF COMPLETE PROLAPSE OF THE WOMB.—The author, Dr. Caneva, of Milan, details (*Gazz. degli Ospitali*) an operation he has successfully performed for complete prolapse. The idea is to provide a new suspensory ligament for the prolapsed organ. The operation is as follows. The uterus is held by a sound firmly, in contact with the anterior wall of the abdomen. A vertical incision about three inches long, and extending to within two inches of the pubes, is made over the body of the organ, and is carried through the linea alba till the peritoneum is exposed. The tissues are to be dissected off this membrane, which is then to be connected by suture with the uterus. Before closing the wound, the sound should be relaxed to see that all is right. The cut surfaces are then brought together, the peritoneum being included in the sutures. A rigid antiseptic is adopted. Dr. Caneva has performed this operation once, and it was a brilliant success. At first the pressure on the bladder gave rise to some inconvenience, but this soon subsided. An elastic cushion should be worn to protect the organ in its more exposed situation.—*London Medical Record*.

RINGER AND MURREL ON AMENORRHŒA.—Drs. Ringer and Murrell have for some time made extensive trial of permanganate of potash as an emmenagogue in cases of amenorrhœa resulting from some trivial cause, such as getting wet or catching cold. In their experimental observations they gave the drug only. The most striking results were in young women between the ages of eighteen and twenty-five, who had missed two or three periods. The administration of one or two grains of permanganate of potash in pill three or four times a day, for a few days, before the time of the expected period, will bring on the flow almost to a certainty. As a rule, the medicine must be taken three or four days successively to call out the catamenia.—*London Medical Record*.

NOCTURNAL ENEURESIS, TREATED BY VOLTAIC ALTERNATIVES.—Dr. Althaus writes: “In June, 1882, I was consulted in the case of a boy aged 15, who had suffered from incontinence of urine during sleep ever since he was nine years of age. He had been treated with belladonna and other medicines without relief; and as he was about to enter a public school, where a continuance of this trouble might have been particularly annoying, the parents were very anxious that something more should be done. The boy's general health was good, but he was considered a nervous child, and highly sensitive. There were no ascarides, but he had a very long prepuce which could only with difficulty be retracted. There was, however, no suspicion of masturbation. Treatment by electricity having been recommended, I applied the middle-sized circular cathode over the region of the bladder, and the oblong anode (five inches by two) to the lumbar portion of the spine. The current-strength 2.50 milli-amperes for five minutes at a time. As after a few such applications no material benefit appeared to have been gained, I then added fifty voltaic alternatives produced in the metallic circuit. The night after this the boy was free from the usual annoyance, and has made an apparently uninterrupted recovery.” Dr. Althaus prefers this method of treatment to injections of nitrate of silver, as recommended by Sir Henry Thompson. He believes that belladonna is of value when eneuresis is distinctly caused by undue excitability of the bladder.—*British Medical Journal*.

PHARYNGITIS ET LYMPHADENITIS RETROPHARYNGEALIS IN CHILDREN.—Dr. Herz (*Wien. Med. Wochenschr.*) finds chronic pharyngitis very frequently present in children. Sometimes the mucous membrane is hemorrhagic, or eroded or ulcerated. The children suffer, for the most part, from a short, broken cough. Older children complain of a roughness of the throat, or from the sensation of a hair in the throat. The cough is sometimes so great that it leads to vomiting. This condition of the throat is often accompanied by enlargement of the lymph glands of the axilla and inguinal region, and the children may be anæmic, scrofulous, tuberculous, or syphilitic. This condition is seldom noticed before the third year. When found sooner it is due to unfavorable hygienic surroundings. In these cases, treatment must be directed to the general health. A flesh diet, wine and iron are useful.

H. reports ten cases of lymphadenitis retropharyngealis which he has observed. Of the ten, only three appeared healthy. Three were anæmic and four scrofulous. The enlarged glands varied in size from

that of a hemp-seed to that of a bean. In five cases they were situated on the right side ; in four, on the left ; and in one, along the median line. The affection is most prevalent during the months of winter and spring, and presents the symptoms of acute catarrh. Cold compresses and painting the neck with the iodide of glycerine were the therapeutical measures used.—*Physician and Surgeon.*

THE TREATMENT OF SYPHILIS. By J. MARION SIMS, M.D.—More than forty years ago, I practised medicine in Montgomery County, Alabama, near the Creek nation of Indians. Syphilis was then very prevalent among them, and their medicine-men had the reputation of speedily curing it. Their remedies were, of course, decoctions of native herbs. It was generally known that queen's delight (*Stillingia sylvatica*) was one of their principal agents. I had supposed that, when this tribe were removed west of the Mississippi in 1837, their secret of curing syphilis had gone with them ; but, when I was in Alabama last year, I learned from my brother-in-law, Dr. B. Rush Jones, of Montgomery, the following facts touching this question.

There were, he said, seven or eight years before our civil war, several obstinate cases of secondary syphilis in and around Montgomery, which resisted the usual remedies in the hands of our best physicians. They went the round of the doctors, and could not be cured. At last, one of these was advised to consult a colored man, Lawson, belonging to Mr. N. D. Barnett, a cotton-planter residing in Montgomery County. In a state of despair, he went to see Lawson, put himself under his treatment, and in a few weeks he was perfectly cured. He returned to town rejoicing at his recovery, and soon others of his fellow-sufferers followed his example, went to consult the colored man, Lawson, and were likewise cured. These cures by an obscure negro man, a slave, when the highest representatives of science had failed, were much spoken of in town and country, and attracted the attention of Dr. George W. McDade, a very intelligent and accomplished physician, whom I have known since his early boyhood. Dr. McDade, feeling the greatest interest in the subject, went to see Lawson, who had made these marvellous cures, and obtained from him the formula he had been using so successfully.

Soon after this, Dr. McDade happened to meet Dr. James Freeny, who gave him the following history of the so-called Indian method of treating syphilis. Horace King, a mulatto slave, resided among the Creek Indians for some years before they were removed west of the Mississippi River (1837), and

had learned from them their method of treating syphilis. While Horace was engaged in building a bridge at Tallassee, about twenty-five miles from Montgomery, in 1852, he heard that there were many cases of syphilis on Mr. Gipson's plantation near by, and that Drs. Freeny and Banks were the attending physicians ; and he called on Dr. Freeny, and told him that he had learned a method of treating syphilis from the Creek Indians, which was universally successful, and that he would like to show it to him. And for this purpose he proposed to take the worst cases on the Gipson plantation for the experiment. Drs. Freeny and Banks selected a certain number of very bad cases, and turned them over to Horace ; and they watched from day to day his method, while they continued their own plan with the other cases.

Horace's selected bad cases recovered more rapidly than Dr. Freeny's milder ones, and then Dr. Freeny adopted the Indian method in the other cases on the Gipson plantation, and has not pursued any other plan since.

So thoroughly convinced was Dr. Freeny of the superiority of the Indian remedy, that he wrote to Dr. Warren Stone, Professor of Surgery in the University at Louisiana, urging him to give it a trial in the wards of the great Charity Hospital of that city.

Dr. Freeny failed to enlist the interest of Professor Warren Stone in the matter, and he made no further effort to bring it before the profession, except by speaking of it to his brethren in his immediate neighborhood.

After Horace's success on the plantation of M. Gipson, and the adoption of his method by the two well-known physicians Drs. Freeny and Banks, Mr. Nicholas D. Barnett, a large cotton-planter, sent his servant Lawson, a very intelligent man (before alluded to), to Horace King to learn his remedies, and the method of preparing and using them. Horace readily imparted the desired information, and Lawson returned home, and put the treatment to the test among the negroes on his master's plantation. It was as successful in the hands of Lawson as it had been in those of Horace King.

After a while, other planters in Mr. Barnett's neighborhood followed his example, and set apart confidential servants to take charge of syphilitic cases, and treat them with the Indian decoction. And thus several adjoining plantations had each its negro doctor, all using the same method with equal success.

This was in a rich section of Montgomery County, where there were many large cotton-plantations in juxtaposition ; some of one thousand acres, some of two thousand and more, having from one to two or

three hundred slaves on each, while there were others of less size with fewer slaves.

On some plantations—notably on Mr. Barnett's—the syphilitic cases, male and female, were sent to a hospital specially set apart for the purpose, and there quarantined till they were cured. They were, during the period of treatment, wholly cut off from communication with the other negroes on the plantation. This was in the time of slavery, when the intelligent and humane master had the right to protect his people from infectious diseases of all sorts. Syphilis was thus controlled, and small-pox effectually stamped out, because the sanitary state of the plantation was entrusted to medical men of the highest intelligence, who were authorized by the master to do all that was necessary for the health of the community.

Dr. McDade says: "It is very remarkable how few cases of secondary syphilis, scrofula, and consumption existed in those days among the slaves, compared with what we now find. The two latter were then almost unknown among the negroes; but since emancipation they are very common.

"Is secondary syphilis the parent of scrofula and consumption? Certainly, these were rarely seen among the negroes while in slavery, whereas they are now encountered every day. Secondary syphilis was then less frequent among them than now, because their masters took every precaution for their early treatment and cure. But now the negro is free to contract this loathsome disease, and to scatter it as he may. You may ask, Why are they not treated? I answer, many never apply for treatment; and, when they do, they often disappear before they are cured. And many of them are too poor or too improvident to apply for treatment. Physicians, always the conservators of the public health, never here refuse to treat a case of syphilis because the subject of it is a freedman, poor and improvident."

Professor Samuel D. Gross read an exhaustive paper on the connection between syphilis and scrofula and consumption, before the American Medical Association in 1875, advocating the view that the two latter were the offspring of syphilis, and it would now appear that the history of these in the negro, in slavery and in freedom, goes far to establish the correctness of the views so forcibly set forth by my distinguished countryman.

Dr. McDade says "that the remedies used by Lawson on Mr. Barnett's plantation were the same as those used by Horace King. They consisted of ten or a dozen indigenous roots, a handful of each, with a certain quantity of salt, alum, and iron slugs

put into three gallons of water, and boiled down to one gallon. Of this the patient took a half pint three times a day. There was also a decoction of roots for washing the syphilitic sores. After obtaining these prescriptions, it was a long time before I made any trial of their virtues. I was deterred by the fact that it would be difficult for any patient to drink and retain half a pint, three times a day, of such a vile decoction. The horrors of syphilis could alone inspire a man with courage to take it. However, I saw that those who did were invariably relieved, whether in the first, second, or third stage of the disease.

"Instead of adopting the so-called Indian remedy as I found it, I began by eliminating the alum, salt, iron, nails, and slugs, and all the roots and herbs that I knew must be absolutely inert. I selected the few among them known to possess medicinal properties; and, instead of making a decoction as had been done before, and which had to be made in large quantities every day or two, I had them prepared in the form of fluid extracts, which places the remedy on a scientific basis, and insures uniformity of action. The following is the formula that I and my medical friends have been using for many years.

"Fluid extract of *Smilax sarsaparilla*, fluid extract of *Stillingia sylvatica* (queen's delight), fluid extract of *Lappa minor* (burdock), fluid extract of *Phytolacca decandra* (pokeroot), aa ζ ij., tincture of *Xanthoxylum carolinianum* (prickly ash), ζ j. Take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses.

"In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods. In making the fluid extracts, we should therefore be careful to have them made from roots recently gathered." While Dr. McDade makes fluid extracts of four of his ingredients, he makes a tincture of the fifth. I do not understand why he did not order a fluid extract of that also. I simply give the prescription as it was given to me by Dr. McDade and Dr. Rush Jones.

Stillingia sylvatica has long been used in the Southern States as an antisymphilitic remedy by both the profession and the laity. Professor Thomas Y. Simons, of Charleston, was the first to call our attention to it. (*American Medical Recorder*, 1828). His favorable report was subsequently confirmed by Professor Henry R. Frost, of Charleston, and by Dr.

A. Lopez, of Mobile, Alabama (*New Orleans Med. and Surg. Journal*, 1846). Dr. Frost thinks the active principle of the *Stillingia* is somewhat volatile, and says that the root loses much of its activity when kept long. I know that the odor of the recent root is much stronger than the dried. I presume the *Stillingia sylvatica* and the *Smilax sarsaparilla* are the efficient agents in McDade's compound fluid extract. Dr. McDade says: "I could detail many cases illustrating the wonderful antisymphilitic powers of this remedy, but I will give you only two. 1. A young negress contracted syphilis from her husband, who resided on a neighboring plantation, and visited his wife generally about twice a week. This was long before the war (1861). They were both treated by the late Dr. Alfred McDonald, and they were apparently cured. But they had several children subsequently, and in rapid succession, all of whom died of syphilis soon after birth. The husband and wife were then treated by the Indian decoction, and were permanently cured, as shown by the fact that they had several healthy children afterward at full term, who grew to manhood and to womanhood. None of them ever showed any signs of syphilis, nor have any of their children. Those of them who have died, died of other diseases of a climatic character.

"2. A negro girl, twenty years old, belonging to Mr. Cobb, had syphilitic iritis. This case had resisted all treatment by the best physicians of the country. She was nearly blind. She was taken in charge by Mr. Barnett's colored man, Lawson, who gave her the Indian remedy, and she was perfectly and permanently cured, as she never afterward showed any symptom of the disease. These cases occurred more than twenty-five years ago, and have been under my observation ever since; so you will see that the cures are permanent.

"Mr. Barnett has pursued the same method on his plantation since emancipation that he did during slavery. His man Lawson uses the same compound decoction now that he did in olden times, and cures many cases every year on Mr. Barnett's plantation, and on those adjoining."

Dr. McDade has used his compound as an alterative with great success in scrofula, and he thinks it would be worth trying in some forms of cancer.

Dr. Rush Jones, residing in the city of Montgomery, has a larger field of observation than Dr. McDade, residing in the country, and has really had a larger experience with McDade's antisymphilitic fluid extract than any one else; and he speaks most favorably of it. He has been treating syphilis for more than forty years, and he says he now has but little dread

of undertaking the worst cases, since he has adopted the use of McDade's formula. He repudiates mercury and the iodide of potassium entirely, and says they are unnecessary when McDade's formula is used.

Dr. Rush Jones says: "It is a remarkable fact that I do not see more than one case of syphilis in women to fifty cases in the male. I have inquired of a number of physicians in regard to this fact, and their experience coincides with mine. How can this be accounted for?"

I am not familiar with the literature of syphilis, and do not know if the fact alluded to by Dr. Rush Jones has been observed in other parts of the world. If so, it seems to me to have an important bearing on the practical application of the Contagious Diseases Acts. And so would the complete history of the working of the quarantine and isolation of infected negroes on the several cotton plantations in Montgomery County, Alabama, during the time of slavery and since emancipation, if we could obtain minute and reliable reports on the subject.

I am no authority on the subject of syphilis; and, if any apology were necessary for this communication, it is this:

I was at the meeting of the London Medical Society on November 26th last, and heard the discussion on the papers of Dr. Drysdale and Dr. Routh on syphilis. From this it appeared that we now differ as widely on the subject of its treatment as we did fifty years ago. And this gave me the idea of writing to Dr. Rush Jones and Dr. McDade for the facts which I now lay before the profession.

I have known Dr. Rush Jones all my life, and I have known Dr. McDade, and Dr. Freney, and Mr. Barnett for more than forty years, and have perfect confidence in any statement they might make, or I never would have said a word on this subject. I think great credit is due to Dr. Freney and Dr. Banks for giving the colored man Horace King an opportunity to demonstrate the value of the Indian decoction in the treatment of syphilis on the plantation of Mr. Gipson. For its success there brought it, with their endorsement, prominently before the community, and extended its use to the plantations of Mr. Barnett and his neighbors.

Too much credit cannot be given to Dr. McDade for investigating the subject, and giving us a formula at once scientific and efficient; for it has proven efficient in the hands of Dr. Rush Jones, Dr. McDade, and many other physicians who have been using it for several years past.

I should be pleased to see the name of McDade used by the profession hereafter to designate the formula and the method of treatment herein set forth.

The remedy will doubtless be extensively used, at least for a while ; and I sincerely hope it may prove as efficient here as it has in the hands of my friends in Montgomery, Alabama.—*Brit. Med. Journal.*

PROCEEDINGS OF SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.—DIET IN THE TREATMENT OF THE GOUTY DYSCRASIA.

AT a meeting of the Academy, held February 15th, Dr. William H. Draper read a paper with the above title. He commenced by saying that the subject of food and the problems which arose from its relations to normal and impaired nutrition, and its proper use in the treatment and prevention of disease, were daily attracting more and more attention, and that the practitioner of medicine was now expected to prescribe the diet as well as the drugs for his patients. The recognition of the truth of the old saying, "There's death in the pot," had induced people to inquire of their medical advisers what kind of food and drink they ought to partake of, and judicious feeding constituted an important element in the treatment of every case of disease.

Dr. Draper then made a preliminary statement in regard to some of the theories advanced concerning the nature of gout, which, in its regular, acute form, he said, was a specific arthritis, with an accumulation of uric acid in the blood, and a deposition of urate of soda in the affected tissues. There were, however, a great variety of symptoms which were properly described as gouty, and yet which could not all be satisfactorily explained by any theory yet proposed. Since Garrod's investigations the humoral pathology had been very widely accepted. Having spoken at some length of the chemical theory of digestion, he alluded to the not infrequent concurrence of lithæmia and glycosuria. In both conditions the liver was, no doubt, at fault. Heredity and the mysterious influence of the nervous system, he went on to say, were very important factors in gout, and while it was undoubtedly a disease in which suboxidation occurred, it was impossible to say whether the suboxidation was the essential element or merely an incidental epi-phenomenon. It was a well-known fact that uric acid salts accumulated in the blood in other diseases, and yet did not produce the symptoms of gout. The humoral doctrine was, therefore, still involved in some obscurity.

He next spoke of the neuro-pathology of gout as taught by Cullen, and in connection with it pointed out the frequency with which purely nervous influ-

ences determined an attack of gout, and the influence of certain diseases of the nervous system, such as cerebro-spinal meningitis and tabes dorsalis. Such facts, however, did not necessarily militate against the generally accepted humoral pathology.

The treatment of gout, whether based on the chemical theory or on the hypothesis that the affection was a trophic-neurosis, embraced dietetic, hygienic, and medicinal means, and the present paper was devoted to a consideration of the first of these. The successful combating of this dyscrasia involved in every instance a consideration of the quality and quantity of food required. The approximate estimate was necessarily a variable one in different cases, and the age and general condition of the patient, as well as the amount and nature of the work he had to do, were constantly to be borne in mind. In adult life food was required for the repair of waste and for the protection of the individual against heat and cold. It had been proved that all force resided in the food taken, and that there could be no motion which did not result from a preceding one. Daily nutrition had a direct bearing upon the gouty diathesis, and if an excess of food were taken it was impossible that it should all be oxidized. The relations of the quality of food were perhaps less essential, but still of the greatest importance. The amount of the carbonaceous elements required would depend on the physical exertion to be made and the degree of cold to which the individual was to be exposed. It was for this reason that such a large amount of fats was consumed by laborers and by those living in the Arctic regions. A nitrogenous diet, on the other hand, was needed by those who were not much exposed to cold, and who had mental rather than muscular work to do. From time immemorial a special regimen had been considered necessary for those affected with the gouty diathesis, and it had always been the counsel of the authorities on this subject that gouty patients should partake very sparingly of albuminous foods, and live principally upon farinaceous articles of diet. Dr. Draper's observations, however, went to show that gouty subjects were unable to digest the carbo-hydrates. This kind of food produced acid and flatulent dyspepsia and the very symptoms which usually preceded an explosion of acute gout. In the children of gouty parents over-indulgence in amylaceous and saccharine foods was almost sure to be followed by evil consequences, and great caution in the use of these was one of the surest means of diminishing the liability to acute attacks in those already subject to the disease. The diet, then, in the gouty dyscrasia was to be in the

main similar to that required in glycosuria, although it was not necessary that the abstinence from carbohydrates should be so strict as that demanded in diabetes. The patient should, therefore, refrain as much as possible from saccharine, starchy, and fatty foods, and especially from all fermented alcoholic beverages. Distilled liquors did not have the same effect, as seemed to be shown by the fact that gout was much more prevalent in England, where beer and stout were universally partaken of, than in Scotland, where whiskey was the drink most indulged in. It was also said that gout was rare in Russia and in Poland, where spirits are principally used. In regard to the effect of wines there was, of course, a difference according to the kind used. Sherry, port, and madeira were the most injurious, but the heavier clarets and burgundies were also to be carefully avoided. The effect of cider was well recognized in the production of gout, and in New England, where it was a common beverage, it often led to the development of the irregular forms of the disease.

All drinks containing any unfermented sugar were to be excluded, and if the patient insisted on taking wine, he would have to confine himself to the driest of the dry champagnes, hock, or light claret. But even these could not always be trusted, and the safest alcoholic beverage that could be taken was a very diluted spirit. Indulgence in saccharine food ranked next to that in wine and beer in danger, and it was an important point to observe that this excluded the use of many fruits, such as strawberries, apples, and oranges. Next in importance in this connection came amylaceous articles of diet; but it was not necessary that these should be entirely abstained from, but only that they should be eaten in moderation. They did most mischief in those inclined to obesity and who led sedentary lives. All kinds of salads, tomatoes, and the various succulent vegetables free of starch, could be taken with impunity. In obstinate cases the milk diet was of the greatest utility. The digestion of the carbohydrates was always more or less impaired in gouty individuals; but if an active outdoor life were engaged in, it was not necessary to look after the diet so carefully. The gouty man who remained in-doors much of his time, however, would do well not to live upon potatoes and puddings.

Dr. Hadden remarked that the dietetic treatment advocated by Dr. Draper was essentially the same which he had himself adopted for the past five years, and with very gratifying success. The theoretical problems in connection with gout still remained unsettled, and he was more particularly interested in

the clinical aspect of the matter. His experience had been to the effect that nitrogenous food, fully allowed, counteracted the gouty dyscrasia in a very remarkable manner, and he had already published a number of cases which seemed to establish this point beyond question. These were principally sub-acute and chronic cases, and the meat diet, used both day and night, had in every instance at once diminished the quantity of urates.

It was his practice to cut off entirely, as far as possible, all starchy and saccharine foods, just as he did in cases of diabetes mellitus. Not infrequently his old patients wrote him that if they transgressed the rules which he had laid down for them the gouty trouble was almost sure to come back again. All the medicinal means which he had employed had been simply for the relief of some temporary condition complicating the case. Thus, salicylate of soda had sometimes been given for the purpose of counteracting fermentation of food in the stomach. In many cases where gases in the intestines had previously been very troublesome, the patients had no further difficulty of this kind after commencing the nitrogenous diet. As a confirmation of the correctness of the views now advocated he remarked that it had been observed that parrots, pigeons, and other birds fed upon starchy food not infrequently had chalk-stones about their feet, while in carnivorous birds, such as eagles and vultures, this condition was never found. The same difference had also been observed in herbivorous and carnivorous quadrupeds.

Dr. Mary Putnam Jacobi said that Dr. Pepper had recently called attention to the fact that certain individuals in whom there had never been any deposit of lithates, and who had always previously enjoyed good health, were suddenly seized at the age of thirty, thirty-five, or forty, with hypochondriasis, and that they were entirely cured by a resort to a milk diet alone. This seemed to be unquestionably one of the protean forms in which the gouty dyscrasia manifested itself. That the meat diet diminished the amount of uric acid she had herself incontestably proven in a great many cases by a quantitative analysis. She was accustomed to restrict her patients to an absolute meat diet and gluten bread, and this plan had always been followed by a marked decrease in the symptoms present. Dr. Draper had not said anything about the difficulty of keeping patients upon such a restricted diet as this, and she thought it was a point of some importance. One patient of hers suffering from obesity and debility became exceedingly prostrated after using it for ten days. She then, however, gave her *nux vomica* and nitro-muriatic acid,

under the idea that the liver was at fault, and after that she had no further trouble. In the course of a year she had lost forty pounds and had regained her strength.

Dr. Janeway remarked that one fact struck him as rather peculiar, namely, that milk, which while highly nitrogenous, yet contained a large amount of sugar, should be of so much service. It seemed to him that in the treatment the main thing was to avoid acid dyspepsia. In regard to the pathology of gout, if it was taken to be of neurotic origin, the characteristic gouty deposits ought to be found more frequently, he thought, than they were in nervous patients. Again, it was not uncommon to see gout determined by an injury or by some nervous attack; but the real reason why the gout occurred, as it seemed to him, was because some dyspeptic trouble was thus excited. On the whole, the humoral pathology seemed to be the more satisfactory.

In reply to Dr. Putnam Jacobi, Dr. Draper stated that while difficulties sometimes occurred in getting patients to adhere to the proper kind of food, he had never found it necessary to restrict the subjects of gout to so exclusively a nitrogenous diet as she had done. In a few cases with obstinate lithæmia he prescribed a milk diet, but as a rule it was only necessary to restrict the amount of sugar taken, and see that the patient ate only a moderate quantity of wheaten bread and other starchy foods. Patients were apt to be rebellious, and it was sometimes necessary to allow them certain indulgences. He generally advised plenty of green, succulent vegetables, as these did not seem to interfere with the success of the treatment, and they added greatly to the comfort of the patient. As to the sugar in milk, this was certainly one objection to it, but he was of the opinion that whenever a milk diet was prescribed the patient should at the same time be directed to take more or less alkali. When soda, for instance, was used with the milk he had found that it was almost invariably well borne.

Dr. Flint thought that in order to settle the question of what treatment was appropriate in the gouty dyscrasia it was best to depend upon clinical observation rather than on any merely theoretical views. What the profession needed on this subject was a sufficient collection of facts in regard to the results of different kinds of diet. As to dyscrasia, there was, perhaps, no disease in which a dyscrasia played so important a part as in gout.

Dr. Draper said he quite agreed with Dr. Flint as to the desirability of gathering a mass of clinical facts on the subject. In regard to the pathology of the affection, his aim had been to show clearly that the diet which had been most successful could not be explained

or justified by any theory that had yet been suggested, and he did not believe that any one could offer a satisfactory explanation why an animal diet was best in the majority of cases. He could only say that his experience had demonstrated to him that nitrogenous food offered the patient the best protection against all the various manifestations of the disease.

Dr. Hadden said that in his experience a milk diet was not well borne in subacute and chronic gout, and he believed that this was on account of the sugar which the milk contained. In some cases he used, instead of gluten bread, wheat bread which had been very thoroughly toasted.

Remarks were also made by Drs. Kinnicutt, Barker, and Piffard.—*Boston Med. and Surg. Journal.*

MISCELLANEOUS.

DIALYZED IRON.—A recent analysis by Professor Tichborne of Wyeth's preparation agrees almost exactly with Graham's statement, that dialyzed iron contains 98.5 parts of the oxide and 1.5 part of hydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not giving rise to the blood-red color on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer colored yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitrate, acetic, or muriatic acid. Graham's solution gelatinized in about twenty days, and he regarded it as a solution of colloid ferric hydrate which, he considered, existed in both a soluble and insoluble form. It is, however, never free from chlorine.—*Chemist and Druggist.*

IODOFORM IN DIABETES MELLITUS.—Professor Bozzolo (*Gazzetta degli Ospitali*, February 4th, 1883), following up Moleschott's researches, has tested the action of iodoform in the treatment of diabetes, and with good results. He has given as much as thirty grains daily. In one slight case glycosuria was almost entirely suspended; in a very severe case the quantity of sugar was reduced; in both patients diminution of urine was noted. Balp and Negro, investigating the subject in Bozzolo's clinique, have come to the conclusion that the administration of iodoform in diabetes, in doses of from fifteen to thirty grains, diminishes the amount of urine and the elimination of sugar, the number of red globules and of hæmoglobin, and likewise reduces the arterial tension.

CEREBRAL DYSPEPSIA.—J. S. Main, M.D., the author, strongly insists on the purely cerebral origin of many forms of dyspepsia, where the patient is neither over-indulgent nor intemperate, nor addicted to hurrying over meals, nor accustomed to eat coarse or unwholesome food. The cerebral form of dyspepsia is well seen, in many cases, where a healthy man with a good appetite suddenly receives bad news when sitting down to a meal. "But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious or more jarring to the cerebral elements than uncertainty, and the worry caused by the same, more particularly in preternaturally irritable subjects. In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind, in such cases, preys upon itself; the cerebral elements seem to get jarred and out of gear; and with this condition the stomach sympathizes. But in addition to worry, the habitual practice of calling into action the 'reserve fund' of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability; this condition, sooner or later, telling upon the digestive organs. Having said this, it is almost unnecessary to add that such cases are most commonly met with among those who are engaged in the hottest part of the 'battle of life,' or 'struggle for existence;' and, again, among these, chiefly those whose business or profession leads to much anxiety, uncertainty, or overstretching of the mental powers. In over-aspiring, over-ambitious natures 'hope deferred' may bring about the same results; as, according to the biblical expression, 'it maketh the heart sick.' My attention was drawn to several cases of dyspepsia, connected with one or other of these conditions, some time ago; and what made me more strong in my view of these cases being cerebral, and not stomachic at all in their origin, was their obstinacy under all forms of natural treatment. Latterly, I have found that the only treatment capable of doing these cases any permanent good, is a change, in the wide sense of the term—a relaxation from business or study; and as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Among these I have found the most useful to be the bromide of ammonium or bromide of potassium—preferably the former—given in sufficient dose at bedtime to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and, combined with this, to be taken three

or four times during the day, such medicines as are known to have a building-up effect on the nervous system. Among these, the most useful are phosphorus, or the hypophosphites, and cod-liver oil. Arsensic and quinine are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do, if over-taxed when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are generally inadmissible."—*British Medical Journal*.

THE USE OF DISINFECTANTS AND ANTISEPTICS IN THE MANAGEMENT OF CONTAGIOUS AND OTHER DISEASES, by A. R. Thomas, M.D., enumerates the common disinfectants and antiseptics, but says too little in regard to the manner of using them, or the amounts necessary to destroy contagium. Carbolic acid is greatly overestimated, as being among the most efficient among disinfectants; and "one to two pounds of brimstone, according to the size of the room," is a fair example of the uncertain and equivocal directions for efficient disinfection. Fumigation, or mere substitution of odors, is not disinfection, and it is high time physicians, at least, had acquired such knowledge of disinfectants as to be able to give explicit directions for their efficient use. And that, instead of "one to two pounds, according to the size of the room, of roll brimstone," the direction should be *from two to three pounds for every thousand cubic feet of space*—two if the surroundings are dry, and three if they are wet (inasmuch as the surroundings will take up about one third of the amount of sulphurous acid fumes evolved), first having the room made thoroughly tight in all respects, save means of escape and immediate closure, and to be kept closed for 24 hours. And so of all the rest: many are good if properly used, but never as a substitute for cleanliness.—*Sanitarian*.

CONJUNCTIVITIS VERMINOSA, OR OPHTHALMIA OF SHEPHERDS.—Dr. Edward Mañez has had occasion to observe three cases of inflammation of the oculo-palpebral conjunctiva, due to the presence of larvæ of the *Musca carnaria*. The three subjects, all shepherds, had a sensation of *something moving in the eye*, followed in a short time by the symptoms of the disease, great pain in the bottom of the superior oculo-palpebral sac, and a feeling as though the worms were moving around, which produced lancinating pains; epiphora, agglutination of the lashes, œdema of the

aids, and injected conjunctivæ were also noted. On everting the lid, the white larvæ were seen very numerous, and endowed with rapid motion. Essential oil of juniper instilled into the eye cured the cases.—*Rev. de Méd. y Cir. Prácticas.*

A NEW PSYCHOLOGICAL PECULIARITY. — The human mind is so constructed as to instinctively dislike whatever is disproportionately large or small. Years ago a vessel sailed from Boston carrying five missionaries and eight hundred hogsheads of rum. Every one felt that there was a glaring disproportion between the missionaries and the rum, and it was universally agreed that either there should have been more missionaries or less rum. Where one species of animal is vastly in excess of another, the disproportion strikes the thinking man as something objectionable. In India, where there are nearly 240,000,000 people, about 20,000 of them are annually killed by snakes. Now, not more than 10,000 Indians really need to be annually killed by venomous snakes, and hence there is a widespread feeling that there is a disproportionate quantity of snakes in India. Either the population should be doubled or the number of snakes should be reduced to one half. In either of these ways the proper balance could be established.—*Times.*

TRANSFUSION AND ETHER INJECTIONS.—Hagem (*Gazette des Hopitaux*, December 21, 1882) has reported certain experiments tending to controvert the statements of Dr. Verneuil that transfusion was useless. After bleeding a dog almost to death the injection of ether was without effect, but transfusion produced a veritable resurrection. When a large quantity of blood was withdrawn, dilution of the same by serum from another dog had the same effect. Ether stimulation produces an increase in cardiac contraction, energy, and increase in pulsations, but no increase in blood pressure or rectal temperature.

MEDICAL NEWS.

THE Louisiana State Medical Society will meet at Shreveport April 4, 1883.

THE proposed Ohio asylum for insane epileptics will not be erected, but annexes will be built for the care of the chronic insane, and a new asylum will be erected at Toledo.

DR. SOLOMON, a pupil of Pasteur, has been invited by Commissioner Loring to continue his experiments in connection with the American Agricultural Department. Dr. Solomon has carried on the researches begun by Pasteur into the nature of disease germs and the principle of inoculation to such an extent that he is confident in a short time he will be able to afford an easy and certain method of protecting animals from Texas fever, hog and chicken cholera, and all allied diseases.

INDIANA medical men seem to be indulging in an extensive amount of quarrels. Dr. Thaddeus Stevens has been dismissed from the State Board of Health, and Dr. E. R. Hawn, ex-Secretary of State, was elected to fill the vacancy. Stevens wrote out a formal protest against such a dismissal, and placed it on file, and gave notice that he declined to give up the office and would continue its duties, as he did not believe his discharge was legal, and a not very edifying row is the result. The Insane Asylum at Indianapolis is also the victim of a similar quarrel between Dr. Joseph Rogers, superintendent of the insane hospital, and Dr. John C. Walker, who has charge of the female department, which culminated in the summary dismissal of the latter by the former. Dr. Walker was supported by the board of trustees, and Dr. Rogers threatened to resign in consequence.

WINTER CHOLERA prevails at Peru, Middlefield, Worthington, Mass., and other mountain towns. It is accompanied with sore eyes, sore throat, severe backache, and prostration. Whole families are sick with it, and in some cases there are hardly well ones enough to care for the sick. It is not serious, only lasts a week or so, but causes much suffering.

SENSATIONS DURING ABORTION.—The painful phenomena of abortion have often been discussed from a medico-legal point of view, and aborting females often complain of painful sensations whose exact nature is difficult of interpretation. Dr. Berger (*Annales d'Hygiène*) arrives at the conclusion that careful and mild introduction of soft instruments across the deep orifice of the cervix and into the uterine cavity do not produce any sensation when such introduction is not accompanied with force directed against the uterine parietes. The pain often complained of by these women, and likened to pricking, seem due to intravaginal manœuvres. The simple exploration with instruments or with the finger alone can give rise to them. Concussion, or rapid movements intended to modify the shape, situation, or direction of the uterus impelled against the uterine parietes, fun-

dus, or orifice, by instruments introduced into the interior of the uterus, cause painful sensations. The greater or less pain so produced is vague in character, and referred to the lower part of the abdomen or the anus. If the sensations have been very intense, or atrocious, and syncopal in nature, it might be admitted that they are the result of abortive measures. Dr. Berger has, however, produced abortion in a female with a narrow pelvis, by introducing to the depth of about five inches a caoutchouc catheter between the uterine walls and the membranes, the same being allowed to remain for some time without causing any pain.

EXHIBITION OF HYGIENIC DRESS AND DECORATION.—Arrangements have been completed for an exhibition of hygienic dress, sanitary appliances, and household decoration, under royal and distinguished patronage, and under the direction of the National Health Society, at Humphrey's Hall, Knightsbridge. The exhibition will be opened on June 2d next. A meeting in furtherance of the object will be held at an early date at Grosvenor House, by permission of the Duke of Westminster. The executive committee includes Professor Corfield; Dr. Dawson Williams; Mr. Godwin, F.R.S.; Sir F. Pollock, Bart.; Mr. Robson (School Board); Mr. Eassie, C.E.; Mr. Saxon Snell, F.R.I.B.A.; Mr. Hugh Lediard; Mr. Turner, F.R.I.B.A.; Lady Borthwick; Lady Harberton; Mrs. Edward Neville; Mrs. Mark Hammond; Mrs. McLaren; Miss Gladstone; and many others—Mr. Ernest Hart being chairman. The exhibits will be divided into seven classes, and will include sanitary appliances, ventilation, appliances for the nursery and for the sick-room, and general objects of sanitary construction and decoration in houses and hospitals.

ELECTRIC LIGHT IN HOSPITALS.—The *Neue Freie Presse* recently called attention to the experimental application of electric light to the illumination of the General Infirmary at Vienna. Two large wards containing respectively twenty-six and eighteen beds, an operating-room, and the medical instruction room of the institution were lit by the new method. Swan's system was employed, the operating-room being lit with four fixed lights and the wards having each a fixed light, as well as a portable lamp to be used for purposes where the close proximity of light is required. The journal in question remarks that the accumulator system in use obviated the necessity of the dynamic machinery working at night, but that this method is too expensive for general adoption.

EDITORIALS.

PROFESSIONAL SECRETS SACRED UNDER THE LAW. Since the editorial of December, 1882, on "Forcing the Disclosure of Medical Secrets," many have written to cordially indorse the views advocated, and trust that the matter will be kept before the profession, until all physicians can stand under the law as does the Roman priesthood in regard to all confidential communications. There are, unfortunately, a few even in the medical profession who advocate "no secrecy" in regard to confidential disclosures. In the "New Regulations" for the Navy there was a clause inserted, to the effect that the officer's medical record, which necessarily contains private and confidential statements of patients, to throw light upon the nature of their diseases, is to be open to the inspection of the commanding officer. This seems to be an *outrage* on the private rights of medical officers and their patients; insulting to the medical profession and of no earthly use to a commanding officer, except to give him power over his subordinates, or to amuse his prurient imagination. Naval medical men *are often now* so muzzled that they dare not criticise or comment upon the action of officials, even though the action be, as in the case reported, the result of line officers' efforts to humiliate the medical staff. It is proper for a medical journal to try at least to prevent this evil before the "New Regulations" are issued. More of this will be presented hereafter.

HOT SODA.—The *Pacific Medical and Surgical Journal* remarks: "As is well known, hot water cannot be charged with carbonic acid. The so-called 'hot soda,' which, with coffee or chocolate, with cream and syrups, forms such a palatable drink, is hot water drawn under pressure and in a fine stream through the usual soda apparatus.

THE JOHNS HOPKINS MEDICAL SCHOOL.—It is stated that the Medical School of the Johns Hopkins University, in Baltimore, will be opened before the close of the year.

THE KENTUCKY STATE MEDICAL SOCIETY meets at Louisville on April 4th. Dr. L. S. McMurtry, Secretary.

PROFESSOR ARLT has been given the cross of the order of Francis Joseph in recognition of his long services as a teacher and worker in the Vienna Medical Faculty.

THE NEW YORK POLYCLINIC has established a reading-room where all the leading medical journals are kept for the use of the physicians studying at that institution.

A MICRO-ORGANISM FOR YELLOW FEVER.—*Pernospora Lutea* is the title of the micro-organism which Dr. Carmona del Valle believes to be characteristic of yellow fever. The germs of this cryptogerm are always to be found in the excretions and in the fluids and secretions.

AN ACADEMICIAN.—A French lady asked Arago what comets are made of. "Madame, I do not know," replied the savant. "Then what is the use of being an Academician?" "Madame, that I may be able to say I do not know." Arago had probably read of Confucius, who said: "What we know, to know that we know it; what we do not know, to know that we do not know it—this is knowledge."—*The Age*.

THE CORONER AS JUDGE.—"Who shall decide when doctors disagree?" The *Judge* says it doesn't know who should do it, but it is often done by the coroner.

FAITH CURE.—"Have you ever tried the faith cure?" asked a long-haired, sallow-faced stranger, addressing a gentleman who sat behind him in a street-car. "I have," was the answer. "Do you believe in it?" "I do." "May I ask, then, of what you were cured?" "Certainly, I was cured of my faith."

DR. S. WEIR MITCHELL has presented five thousand dollars to the College of Physicians as the nucleus of an entertainment fund, the income of which is to be devoted to an annual dinner, or in any other way preferred by the college, in order to promote sociability.

MRS. W. W. DAWSON, the wife of Dr. W. W. Dawson, of Cincinnati, Ohio, died in the latter part of March. There have been few women who filled a larger and purer and lovelier page in life's history than the wife of this distinguished physician. In deeds of charity she was always prominent, though not conspicuous, and the poor and sick found always in her a true and constant friend. No shaft of purest Carrara marble can form so beautiful a monument as the record of such a life.

THE INDEX MEDICUS.—Mr. F. Leyboldt (31 Park Row, N. Y.), the publisher of the *Index Medicus*,

desires through this JOURNAL to make an appeal to the profession for the support of the *Index Medicus*; it is a pleasure to sustain his appeal and to recommend the work to every reader. As a reference-book it is unique; there is nothing like it; and it would be a calamity to medical literature for it to fail. It has a fair support in Washington, Philadelphia, New York, Boston, and England, but elsewhere it has scarcely any support whatever. It is hoped that, for the credit of American medical literature, the profession will not allow it to perish. As a reference-book it is invaluable.

THE ALUMNI CRAZE seems to be the most absolute of the present period. The alumni of any or every college or university, in any or every city, seem to think that they should form "an Alumni Association;" that if this be not done, something dire and dreadful will happen, either to themselves or to the institutions which they represent.

These associations have each "an annual meeting." At these, there is not, as one might suppose, any true literary work done, or anything to foster or benefit the institutions represented: far otherwise. Two or more rooms are partly filled, first with men, and then filled to suffocation with tobacco-smoke, from very questionable cigars. Some report is read; a lot of poor anecdotes is given circulation; a few members are elected; memorial resolutions, in behalf of the dead, are read, and then there is a restaurant dinner, a guzzling of champagne, a few maudlin speeches, and an adjournment for the year.

Every newspaper notice of these alumni associations records the details of some dinner or supper. It is always something in regard to the stomach, not the brain. One would suppose from the record that they were alumni associations of either cooks or epicures. There is never any evidence of brain work, or brain aspiration.

Nothing can be said in praise or even in support of such organizations, as they are at present conducted. They are not even social in character, but convivial; and the conviviality is of that peculiar kind which, pardonable, perhaps, in a "freshman," or even in a "senior," on his graduation night, is disreputable to a degree in those of maturer years—a disgrace rather than an honor to the institutions represented.

Such associations could be made elevated in character, moral in effect; useful in function, fosterers of each foster mother, and representing both the flowers and the fruit of a polite education. As at present conducted they are often mere maudlin orgies, and never what they ought to be.

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ORIGINAL ABSTRACTS.

MOTOR DISTURBANCES FROM INTERNAL EAR LESIONS. — Vulpian (*Comptes Rendu*, No. 90, 1883) has lately injected irritating liquids into the external auditory meatus of rabbits. A few drops of a twenty-five per cent aqueous solution when injected cause motor disturbances in fifteen minutes, which become more and more pronounced, and next day attain a maximum. Locomotion is very uncertain, and the animal frequently falls. The head is twisted on the spinal column in such a way that the cheek of the side of the injected ear is turned upward, and there are rotatory motions toward the affected side. The animal turns over and over on its longitudinal axis. There is nystagmus; one eye is turned upward and the other downward. These phenomena were less marked with dogs. They have been accidentally produced in the human being. Sir Jas. Paget (GAILLARD'S MEDICAL JOURNAL, January, 1881) reports a case in which a charlatan injected silver nitrate into the ear of a patient consulting him, which resulted in phenomena almost indetical with those just described, and similar cases are by no means infrequent.

RARE MODE OF PUS DISCHARGE IN EMPYEMA.—Dr. Bouveret (*Journal de Médecine de Paris*, December 16, 1882) divides the unusual ways in which pus may discharge in empyema roughly into two great classes. First: pus may work its way through the œsophagus, stomach, intestines, or renal pelvis, or the pus may pass into the pericardium or peritoneum. Second: pus may pass through the posterior cul de sac of the pleura, and make its appearance in the posterior abdominal wall. In this case abscesses may occur in the groin, buttocks, or hip. The prognosis, it is said, is not more grave than when empyema ends by spontaneous evacuation through the chest-wall.

QUASSINE.—Dr. Campardon (*Bulletin Générale de Thérapeutique Médicale et Chirurgicale*, November 15, 1882) states that there are two varieties of quassine in the market, an amorphous and a crystalline. The crystalline form is ten times more powerful than the other; both are soluble in alcohol. The dose of the crystalline form is from 1-30 to 1-12 of grain given before meals thrice daily. The drug increases appetite and is a nervous stimulant. It corrects constipation, and also, as might be expected, diarrhœas due to relaxation. The urinary functions are stimulated. The cardiac, uterine, and mammary functions are not affected by the drug. An overdose results in a burning sensation throughout the intestinal tract, vertigo and muscular cramps, diarrhœa and vomiting and polyuria.

JABORANDI IN MELANCHOLIA.—Dr. H. M. Hurd (Report of the Michigan State Lunatic Asylum for 1881-84) finds that in certain cases of melancholia, which pick the flesh of their faces, hands, and exposed surfaces of the body, this action being due to an actual cutaneous anæsthesia described as "stiffness" or numbness, jaborandi in three to five drop doses has afforded marked relief. One patient who had a delusion that her flesh was filled with worms, and was constantly endeavoring to pick them out, relinquished the delusion for several weeks. The drug has at times to be discontinued from its producing an excessive sialorrhœa.

ORIGIN OF CYSTS OF THE KIDNEY.—Dr. Jeannette B. Green (*Medical Record*, October 21st, 1882) claimed that "the way in which cysts are formed is as follows: first, the interstitial as well as the epithelial tissue of the tubules breaks down with inflammatory or medullary corpuscles, and thus an embryonal tissue is produced, sometimes occupying large territories of both the cortical and pyramidal

substance. Next a transformation of the medullary into myxomatous tissue takes place, marked by the presence of a light, nearly homogeneous basis substance, which is traversed by nucleated, bioplaxson strings. In further growth these delicate strings perish, and a cavity is formed filled with an albuminous liquid." Dr. Saundby, Birmingham, England (Transactions of the London Pathological Society, 1880) says: "These appearances, which may be very readily seen, were first described by M. Simon, more than thirty years ago, as 'cystic degeneration of the kidney,' but have not received due attention. *They are, in fact, due to the formation of a myxomatous or gelatinous tissue from the young cells filling the lumen, by which the basement membrane is distended, and a cyst is formed.*" Again, under the changes in the Malpighian bodies, he says, "The cellular mass has become converted into a delicate gelatinous tissue containing stellate elements. Still later the contents may be quite hyaline and stain feebly with carmine, forming a little mucous or colloid cyst, the whole process being quite analogous to that which I have described in the tubules, with this exception, that these Malpighian bodies are not enlarged, or, at least, to any notable degree." These researches have been entirely ignored by Dr. Heitzmann and his pupil, Dr. Green.

BACILLI OF TUBERCLE.—Dr. Babés (*Progrès Médical*, March 3d, 1883) claims, in a study of the inoculation and mode of propagation of the tubercle bacillus, to have ascertained the following facts: First, the bacillus penetrates almost always by the serous surfaces. Ordinarily in the points of penetration there is to be found a hyaline condition or degeneration. Second, the bacillus is found at first immediately below the inflamed or degenerated tissues. Third, the bacillus penetrates at length by the lymph ducts to the lymph glands or follicles. This is certainly ascertained to have been a path followed by the bacilli, since they are to be found. Fourth, the reticulated tissue, follicles, and lymphatic glands are, so to speak, reservoirs of bacilli. Here almost all the cells are hypertrophied and filled with clumps of bacilli. Fifth, in centres of invasion they form giant cells by a hyperplasia or confluence of endothelial cells filled with parasites. Sixth, in inoculated tuberculosis, bacteria produce at first a peritonitis or pleurisy with thickening and granulation of the serous membrane. At length the bacilli penetrate by the reticulated sub-serous tissue and from there by the lymph ways into the interior of the organ. Seventh, by these paths they arrive at the pulmonary alveoli, where confluent endothelia form

either giant cells or groups which replace the alveoli and contain bacilli. Sometimes the bacilli penetrate at first into the mediastinum, and by way of the perivascular lymphatics of the pulmonary hilus pass into the parenchyma. Ninth, in the abdominal organs the bacilli penetrate by the same ways. There first occurs a perihepatitis, perisplenitis, etc. Tenth, in miliary tubercle few bacilli are found, but are very numerous in acute tuberculosis.

SULPHUR AND MALARIA.—A very strong confirmation of the observations of Dr. Abaddie (*GAILLARD'S MEDICAL JOURNAL*, Nov. 3d, 1883) on the influence of sulphur on malaria is furnished by recent observations from New Jersey. Since the furnaces at Stanhope, Sussex County, N. J., began to roast sulphurous ores the place has been entirely devoid of malarious cases, although previously it was quite famous for this disease.

MONOBROMATE OF CAMPHOR.—Dr. H. M. Hurd (Report of Eastern Michigan Lunatic Asylum, 1881-82) says that this drug promises to be of lasting value in the treatment of certain cases of insanity accompanied by mild excitement and perversions of the sexual instincts; also in hysteria and states of mental weakness characterized by emotional disturbance. It is mildly hypnotic and anaphrodisiac, but to procure hypnotic effect must be given in pretty full doses. In one instance mild bromism followed its use. It does not irritate the stomach; it lessens pulse frequency and number of respirations, and lowers body temperature. No disorders of speech or motility follow upon its prolonged use.

CINNAMON IN UTERINE HÆMORRHAGE.—This old use of cinnamon has recently been resumed, and a physician (*North Carolina Medical Journal*) reports a case in which a decoction of half an ounce of cinnamon in a half pint of water exercised a marked influence on uterine hemorrhage. The fact that Farquharson, Stillé, Wood, Bache, West, and Emmet all mention this use of the remedy should lead to a further trial of it in cases where other resources have proved valueless.

TANNIN IN CARBUNCLES.—Dr. R. H. Johnson, Eureka Springs, Arkansas, claims (*Medical Brief*, October, 1882) to have found tannin a specific for carbuncles. The dry powder is sprinkled on the carbuncle as long as it will dissolve. Twenty-four hours after, it is washed off with castile soap and the sprinkling of tannin recommenced. The carbuncle soon heals up, Dr. Johnson claims, without much pain.

FEVER.—Dr. W. Finkler (*Pflügers Archiv*, Band xxix., Heft 3 and 4, 1882) has recently made numerous experiments as to the nature of fever. Tscheschicin at one time announced that there was a centre inhibiting heat production, but accurate observations have been wanting. Finkler has attempted to settle the question by quantitatively determining (*Journal of Nervous and Mental Disease*) the amount of oxygen absorbed and the carbonic acid given off. Cold decreases in a very regular manner the generation of carbonic acid and consumption of oxygen by guinea-pigs. When these animals are curarized the carbonic acid production and oxygen absorption are diminished markedly, showing that the nervous system plays a part in tissue metamorphosis. The temperature falls. Section of the medulla oblongata has similar results. Finkler finds that more oxygen is consumed by febrile animals than by non-febrile animals. In fever an increased amount of carbonic acid is given off from an increased heat production. When oxidation passes through the phases of increase, continuance at a height, and decrease, it corresponds only in a general way to the same phases of temperature. Finkler hence claims that fever is a neurosis, an affection of that part of the nervous system which regulates temperature. Stokes long ago (*Lectures on Fever*) arrived at this conclusion from clinical data only.

ADONIS VERNALIS has had its active principle extracted and experimented with by Cervello (*Medical Press and Circular*, December 27, 1882). Its action in very much smaller doses is similar to that of digitaline.

REFLEX INSANITY.—Dr. Moses C. White, of New Haven, reports the following case of reflex insanity. A man complained to the city attorney that somebody had shot him in the head and that a bone was broken in the back of his skull. He acted irrationally, and was locked up for disorderly conduct. In court he acted so wildly that Judge Sheldon called Dr. Moses C. White to examine him, who found a flattened bullet next to the skull; and when this was removed the patient became perfectly rational. The patient had not been drunk. It is probable that the man was a lunatic whose mental peculiarities were under control except under conditions of excitement such as would be produced by an injury of the kind mentioned.

CONVALLARIA MAJALIS IN PROGRESSIVE PARESIS.—Dr. H. M. Hurd (*Report of the Eastern Michigan Lunatic Asylum for 1881-82*) finds convallaria

majalis to be of great value in the congestive attacks of progressive paresis.

AVENINE.—Dr. M. A. Sansom has found an active principle in the pericarp of oats, an alkaloid named avenine, which has a marked stimulating effect on the motor nervous system. Experiments made with this substance (*L'Union Médicale*, January 6, 1883) tend to bear out the truth of the statements made by Dr. E. H. M. Sell (*Medical Gazette*) concerning the effects of the tincture of *avena sativa*.

SILVER IN TABES DORSALIS.—Eulenburg, Mering, Senator, and Schultze have had seemingly good results from silver nitrate and glycocholate in locomotor ataxia.

FRACTURES IN THE AGED.—A case illustrating the necessity of examining old people who complain of inability to move their limbs or of rheumatism has recently been reported from Troy, New York. A man aged 65, complained of what he thought was rheumatism after using a sledge-hammer and was removed in consequence of inability to work to the County House. Drs. McLean and Herrick were called to see him, and an examination disclosed the fact that both humeri were broken near the shoulder. The case indicates how a very serious error in a diagnosis might be made leading to serious consequences.

HEAT PRODUCTION AND DISSIPATION.—D'Arsonval has announced some facts of novel interest. He finds, for instance, that there is a remarkable difference between birds and mammals as regards the production and retention of heat. With dogs and cats he finds about the same average production of heat per kilogramme of body weight. This average he states at from seven to nine calories per hour, the temperature of the surrounding atmosphere being fixed at 12° Centigrade. On the other hand, pigeons and domestic fowls generate from four and a half to five and a half calories to the kilogramme per hour. The heat production of birds is thus indicated not to be more than two thirds that of the mammals; but the former are better retainers of heat than the latter, as is evinced by the fact that the temperature of a bird as taken by the thermometer is uniformly higher than that of a dog or a cat, although the heat generated per pound of tissue is considerably less. Starvation for forty-eight hours produces no material fall of temperature in dogs and cats; but in pigeons the heat production sinks to one third or one half the normal. The actual amount of heat evolved by a living organism may be com-

paratively small—less than that of a healthy animal under normal conditions—in a paroxysm of fever, in which the thermometer indicates a great advance of temperature. Again, while the thermometer registers a low temperature, the real amount of heat developed may be largely in excess of the normal, as when, in the college laboratory, the professor of physiology shaves and varnishes the skin of a rabbit. Furthermore, local temperatures may be extremely high, and the thermometer may show a startling elevation beneath the arm-pit, in the mouth, nostrils, or the palm of the hand, while the actual heat produced is below that of a healthy and well-nourished individual.

SODIUM NITRITE IN ANGINA PECTORIS.—Dr. M. Hay (*Practitioner*) has used sodium nitrite with very good results in angina pectoris. The following formula is the one used: *R. Sodii nitritis, ʒss.; aquamad, ʒxij. M.S. ʒj. to ʒij.* He believes that the active remedial agent in amyl nitrite, sodium nitrite, potassium nitrite, and glonoine (nitro-glycerine) is the nitrous acid. The great objection, he finds, to the use of sodium nitrite is its tendency to the production of nitrous acid gas eructations.

ORIGINAL ARTICLES.

WHAT WE EAT AND WHAT WE DRINK. By A. T. CUZNER, M.D., Peekskill, N. Y.

In entering upon the consideration of the subject of what we eat and drink, it is very necessary that we should have some knowledge of the "proximate principles" that enter into the composition of the human body; else we cannot judge of the food value of any article of diet presented for our use.

It is true that instinct, assisted by the special senses, when not interfered with by civilization or art, enables us to accept those substances as food that are salutary, and reject those that are injurious. But we are not in a state of nature, and therefore, instinct and the special senses have not fair play.

Prof. John C. Dalton, M.D., thus defines a "proximate principle": "A proximate principle is properly defined to be any substance, whether simple or compound, chemically speaking, which exists, under its own form, in the animal solid or fluid, and which can be extracted by means which do not alter or destroy its chemical properties. Phosphate of lime, for example, is a proximate principle of bone, but phosphoric acid is not so,

since it does not exist as such in the bony tissue, but is produced only by the decomposition of the calcareous salt; still less phosphorus, which is obtained only by the decomposition of the phosphoric acid."

The proximate principles of the human body may be divided into three classes. (Dalton.)

The first are purely inorganic in their nature, and are derived mainly from the exterior. They are found in both inorganic and organic bodies. They are crystallizable, and comprise such substances as water, chloride of sodium, chloride of potassium, phosphate of lime, soda, magnesia, and potassa, carbonate of lime, soda, and potassa.

The proximate principles of the second class may be divided into three divisions, viz.: starch, sugar, and oil. They are distinguished from the first class by being solely of organic origin. The first division, starch, is not crystallizable; the other two are. All three are composed of the three elements, oxygen, hydrogen, and carbon; hence they are generally called the "non-nitrogenous" substances.

The proximate principles of the third class are most important factors in the human body, for we find that the greater mass of the tissues is formed of them.

They are non-crystallizable, and are composed mainly of the four elements, oxygen, hydrogen, carbon, and nitrogen in varying proportions. They are called by some the "protein" compounds; by others, "nitrogenous substances;" by others, "albuminoid substances." Some of these substances contain sulphur, while others contain, as a coloring matter, iron.

The following are the chief proximate principles of the third class, viz.: albumen, fibrin, casein, globulin, pepsin, trypsin, pancreatin, mucosine, ostein, cartilage, muscine, hæmatine, melanine, bilverdine, and urosacine.

All these three classes of proximate principles require for their production an abundant supply of similar substances in the food; therefore the food value of any article of diet depends largely on the amount of these substances it contains.

As the great mass of the tissues of the body are composed of albuminoid substances, as a consequence a large proportion of our food must be albuminoid (not that it is necessary that albumen, fibrin, etc., such as exists in the body, should be furnished as food), for the body is capable of transforming, by the process of digestion and nutrition, any albuminoid substance into albumen, fibrin, etc.

Thus we find that the gluten of wheat, legumin of peas and beans, are not the same as animal albumen

or fibrin, yet they are transformed into these substances by the digestive process.

Starch, likewise, which is not a proximate principle of the body, is transformed by the influence of diastase contained in the saliva and pancreatic juice into sugar, one of the proximate principles of the body.

The sugars are somewhat modified in the digestive tract, and then absorbed into the blood as sugars, and applied to the wants of the system by that fluid. Fat is taken into the system chiefly through the lacteal vessels and as an emulsion, and part of it is deposited in those tissues requiring fat, while the remainder is used up in the vital processes.

It has been considered by physiologists of the past that the proximate principles of the second class, starch, sugar, and fat, are the heat-producers of the body; that they perform the same work in the body as is performed by the wood and coal in our stoves—that is, they by their combustion or oxidation evolve heat, whereby the animal temperature is constantly maintained. Lavoisier taught that the oxygen taken into the lungs during respiration combined immediately with the carbonaceous materials in the pulmonary tissues and fluids, producing carbonic acid and water, and evolving heat. Experience proved that this view was altogether erroneous. The slightest examination shows that the lungs are not warmer than the rest of the body. Again, the blood leaving the lungs after oxygenation is cooler than the blood coming to the lung to be oxygenated. Again, carbonic acid exists in the blood before it reaches the lungs, and is brought there for the purpose of expiration as an excretion.

Liebig believed that the heat of the animal body was produced by the oxidation or combustion of certain elements of the food while circulating in the blood; these substances being converted into carbonic acid and water by the oxidation of their carbon and hydrogen, and immediately expelled from the body without ever having formed a part of the solid tissues. He therefore divided the food into two classes: 1st, the nitrogenous or plastic elements, albumen, fibrin, etc.; and 2d, the hydro-carbons, or respiratory elements, sugar, starch, fat. He regarded these last elements of the food as only so much fuel.

We must dissent from the views held by Lavoisier, or as modified and held by Liebig. Experience has proved both views to be wrong. There is no doubt, however, that one of the hydro-carbons, viz., fat, largely conduces to the production of heat in the animal. Experience proves this.

The view we hold is that the vital and chemical

actions going on in the body constantly are sufficient to account for the production of heat. During sleep, when the vital and chemical actions of the body are at a minimum, the heat evolved is a minimum. But when the vital and chemical actions of the body are at a maximum, then the heat evolved is at a maximum.

Having considered somewhat in detail the proximate principles of the human body, we shall now enter into the investigation of the principal foods in use among mankind, examining them morphologically, availing ourselves of the aids of chemistry and microscopy. During this examination we will consider the proximate principles we find in food, and the part which they play in the animal economy.

MILK.

Milk, which is the first food of the infant, represents in its composition more fully than any other food all the proximate principles of the human body. First we have the water. This holds in solution the casein (an albuminoid substance), the earthy salts and sugar, and suspended in this fluid are found the milk-globules (butter). The following is the composition of *cows' milk* and human blood—the reader will perceive how similar they are:

COWS' MILK.		HUMAN BLOOD.	
Water.....	870.2	Water.....	795
Casein.....	44.8	Globules.....	150
Butter.....	31.3	Albumen.....	40
Milk sugar.....	47.7	Fibrin.....	2
Saline matter.....	6.0	Other animal matter..	5
	1000.0	Saline matter.....	8
			1000

Fig. 1 represents the appearance of milk under

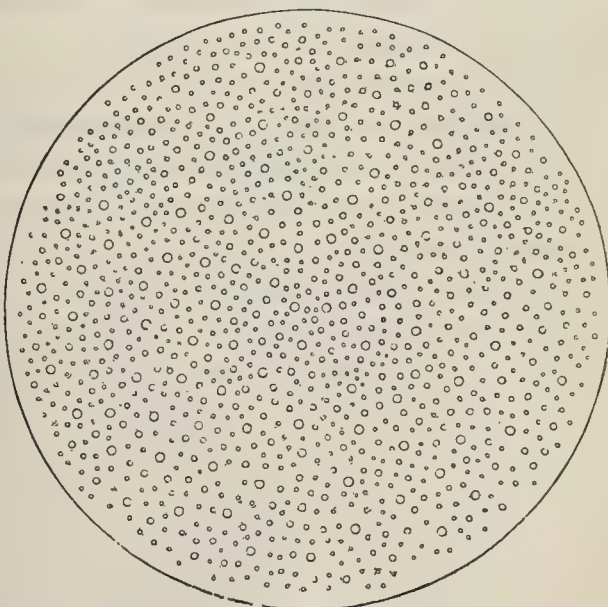


FIG. 1.

the microscope. Here are seen the milk-globules (butter), floating in a transparent liquid (the water

holding in solution the casein, sugar, and saline matter).

Of the proximate principles of milk, casein is the most important. It is almost identical in chemical composition with that of the albumen and fibrin of animal substances; the gluten of wheat and corn, and the legumin of peas and beans.

Fig. 2 represents the appearance of pure butter

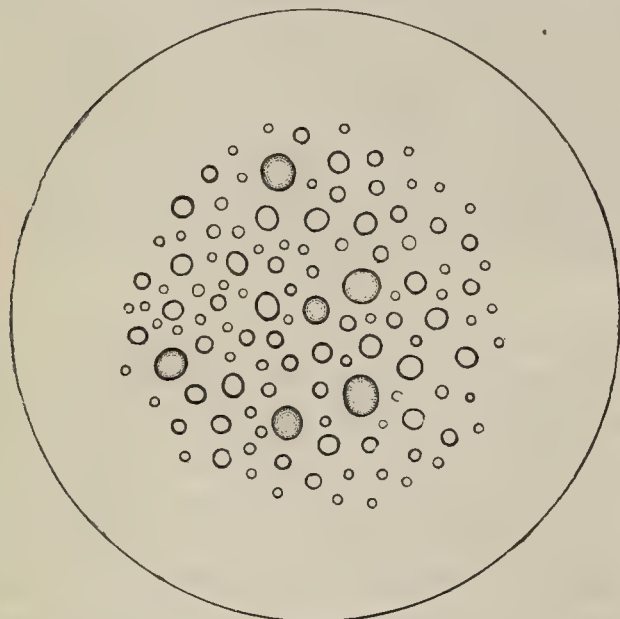


FIG. 2.

under the microscope. Absolutely pure butter cannot be obtained by buying the commercial article, for by the process of churning more or less of the casein, together with sugar and the salts, is entangled in the mass of butter, and cannot be entirely worked out. In fact it is no advantage to have the butter absolutely free from casein, sugar, and the salts, for they add to its nutritive value, and provided the casein and sugar have not entered upon any of the fermentive stages of decomposition, they do not affect the flavor of the butter injuriously or unpleasantly, but rather the reverse.

Again, absolutely pure butter contains none of the phosphates, so necessary to the nutrition of bone and nerve tissue, while the butter of commerce does. Absolutely pure butter may be obtained in the following manner:

Take a certain quantity of pure milk, add to it one sixth of its weight of common gypsum (plaster of Paris), previously reduced to a very fine powder. The whole is then evaporated to dryness, with frequent stirring at the heat of boiling water (212° F.). A brittle mass is obtained, which is reduced to a powder. Dissolve out from this powder, by means of ether, the butter, and by evaporating the ether the butter may be obtained absolutely pure.

Prof. H. C. Bartlett, of England, has demonstrated that any fat that has passed through an animal gland has the power of materially assisting

in the digestion and assimilation of other fats; hence any artificial butter cannot have the food value of natural butter. Apart from this, there is a risk in substituting artificial butter for the natural.

From time to time, germs of tape-worm, cyst of trichina, etc., have been found in the artificial butter called oleomargarine. The reader, however, must not understand us to say that all the oleomargarine sold is unwholesome. What we do maintain is that it lacks the food value of pure butter of commerce, being destitute of albuminous material, sugar and the salts.

Besides this, who that has any regard for the health of his body will run the risk of taking into his system the germs of disease?

Fig. 3 represents oleomargarine as seen under the



FIG. 3.

microscope. In the October number of the *American Journal of Microscopy* for the year 1878, edited by Mr. John Phin, there appeared an article on the subject of oleomargarine, by John Michels, an abstract of which is given below.

Mr. Michels commences his article as follows: "Having observed paragraphs in various medical and scientific journals, stating that oleomargarine could not be distinguished by the microscope from butter, and suggesting various chemical methods to meet the difficulty, I was prompted to purchase samples of these substances and make a careful microscopical examination of them.

"The oleomargarine I purchased, as an ordinary customer, from one of the depots of the largest manufactory in New York City, and the butter was obtained from Park & Tilford, grocers. The result of my examination was very decisive, and just what I expected; namely, that the oleomargarine was

loaded with free stellate or feathery crystals, and that the butter presented the uniform appearance of fat globules so often described in hand-books, and perfectly free from any crystalline forms except those of chloride of sodium or common salt."

Mr. M. further states that his examination of oleomargarine extended over some months, during which period he invariably found that each sample contained cells of a very suspicious character, with fragments of tissue and muscle. This led him to investigate the process of manufacture. He found that the animal fat, etc., of which this substance is made, is never subjected to a higher temperature than 120° F.

Now the thermal death-point of most of the organisms found in animals is much higher than this, and that of their germs is still higher.

The Rev. W. H. Dallinger, the highest authority on this subject, in reply to a request of Mr. M., states that "by a well and delicately prepared apparatus I was enabled to test the destructiveness of heat directly on the organism, and to prove by the use of the highest powers, that they could endure—as fully developed forms in full activity—temperatures up to 140° F. to 142° F without permanent destruction.

"I have strong experimental evidence leading up to the conclusion that the whole septic series of organisms require a temperature of 140° F. to kill the fully developed living forms.

"But besides this we know now that the germs of this series of organisms require at least 212° to 235° F. for their destruction in fluid; consequently it is no coloring of facts to say that the temperature reached in the manufacture of oleomargarine is perfectly innocuous to organisms of the kind that refuse fats contain."

Mr. Michels is further supported in his conclusions by Mr. Thomas Taylor, microscopist of the Department of Agriculture at Washington. Mr. Taylor reports that when pure dairy butter is viewed under the microscope the forms consist of oil globules and the crystals of common salt; "when a specimen of oleomargarine is examined in the same manner, the field was speckled over with shiny particles, and it was demonstrated that these glistening particles were crystals of fat. In using a power of 250 diameters, animal tissue is seen more or less all over the field."

"One specimen of oleomargarine was highly charged with animal tissue and crystals of urate of magnesia, showing the fat used in this case to have been impure, which would seem to prove that the assertions made by oleomargarine manufacturers, as

to the perfect purity of the fats used by them, are not correct."

Another important ingredient of milk is sugar. Chemically speaking, it is a hydrocarbon, $C_{24}H_{24}O_{24}$. It can be obtained from milk in the following manner: Add some rennet to milk from which the cream has been removed; this has the effect of coagulating the casein; the whey is now filtered and boiled down to one fourth of its bulk, and afterward set aside in shallow pans. The sugar begins to form as minute hard white crystals upon the sides and bottom of the vessel. The sugar of milk is less sweet than that of the grape or of the cane. It is harder also, much less soluble in water, and is gritty. It undergoes no change when exposed to the air, either in the dry state, or when dissolved in water; but if a little casein, animal membrane, or the gluten of wheat be added, it gradually ferments, resulting in the production of carbonic acid and alcohol.

During this process it also becomes sour, due to the liberation of lactic acid from its combination with soda. The fact that milk is capable of undergoing vinous fermentation, and that an intoxicating liquor can be obtained from it, has long been known. The Tartars prepare such a liquor from mare's milk, to which the name of koumiss is given.

The koumiss is made in the following manner: Take new milk, a quantity of water (one sixth of its bulk), and a certain quantity of koumiss is added; the whole is covered up in a warm place for twenty-four hours. It is then stirred well, in order that the curd and whey may be properly mixed, and is again left at rest for twenty-four hours. At the end of this time, it is put into a tall vessel, and agitated until it becomes perfectly homogeneous. It has now an agreeable sourish taste, and in a cool place may be preserved for several months in close vessels. It is always shaken up before it is drunk. This liquor, from the cheese and butter it contains, is a very nourishing as well as an exhilarating drink, and it is not followed by the usual bad effects of intoxicating liquors. It is very useful in cases of debility. From the koumiss may be distilled a very intoxicating beverage.

If the koumiss is kept in a warm place, the alcohol disappears and vinegar is formed. When milk is left to itself for a certain length of time, it becomes sour and curdles. The curd and whey, however, do not readily separate unless a gentle heat be applied, when the curd contracts in bulk, either squeezes out and floats upon the whey, or, when cut into pieces, or placed in a perforated cheese-vat, allows the whey to freely flow from it.

If the mixed curd and whey, from the entire milk, be allowed to simmer for a length of time over a slow fire, the butter will separate, and float on the top in the form of fluid oil.

The natural curdling of milk is produced by lactic acid. In milk as it comes from the animal there is no lactic acid, and the casein is in chemical combination with a small quantity of soda. Lactic acid is formed from the sugar of milk by the influence of casein. This acid has such an affinity for soda that it robs the casein of it and forms lactate of soda. As the casein apart from soda is insoluble in water, it separates in the form of curd.

Now when milk has become sour or curdled, if we add a little soda to it, the casein is again rendered soluble, and the milk is said to be sweet, the excess of lactic acid being also neutralized by the soda added. Almost any acid substance has the effect of curdling milk. Muriatic acid is extensively used in Holland for this purpose. The material in general use for the purpose of curdling milk, preliminary to the manufacturing of cheese, is rennet. Rennet is prepared from the salted stomach of the suckling calf. All cheese consists essentially of the curd, mixed with a certain portion of the fat (butter), the salts, and the sugar of milk.

Difference in the quality of the milk, in the proportions in which the several constituents of milk are mixed together, or in the general mode of dairy management, give rise to varieties of cheese almost without number.

Milk is the food provided for the young animal, at a period when it is unable to seek and appropriate other food. It should therefore contain all the necessary material for nutrition and growth, until such a time as the child shall be able to seek and appropriate food for itself. Milk consists of,

1st. The casein or curd. This is almost identical in constitution with fibrin, albumen, etc., contained in the blood and tissues of the body, and serves to nourish and promote the growth of the young animal.

2d. The fat, or butter, which is mainly used (after having been modified somewhat in its passage through the digestive tract) in supplying fat to those parts of the body in which fat is usually deposited.

3d. The sugar. This is absorbed by the blood-vessels of the intestines. By contact with the organic ingredients of the blood, it becomes transformed into other substances. There is no doubt that it largely contributes to the formation of fat in the body.

4th. The saline matter, from which comes the salts contained in the blood, and the earthy part of the bones of young and growing animals come from milk. The following are the salts of milk :

Phosphate of lime.

Phosphate of magnesia.

Phosphate of peroxide of iron.

Chloride of potassium.

Chloride of sodium.

Free soda.

From what we have learned of the constituents and properties of milk the question arises, Can the milk of animals be substituted successfully, in the nutrition of the infant, for that of the mother ?

We answer, yes ! it can and has been so substituted ! This being a fact, why do statistics exhibit figures of mortality in cases of infants thus fed that are so largely in excess of the figures exhibited in the cases of children fed from the human breast ? Is it due to an improper condition of the milk used, or to improper conditions under which it is employed, or to both, and can we control all the circumstances likely to affect the milk injuriously ? We think it is due to both, and that we can control such circumstances.

From the preceding investigation of the constituents of milk, we have found that, in a certain time after being discharged from the animal, milk undergoes a change. This may be comparatively small in extent and harmless in its nature—a certain portion of the sugar, by chemical action, being changed into lactic acid. The milk may not undergo any chemical change, yet, by the introduction of germs from without, become deleterious to the infant partaking of it ; or there may have been added some substance that the young infant's powers of digestion and assimilation are unequal to the work of disposing of and applying to its nutrition.

With regard to the introduction of germs from without, this may be accomplished in two ways : First, from the atmosphere ; second, by means of water, which is so commonly added for the purpose of profit. First, germs of many diseases are known to exist floating in the atmosphere ; second, most of the waters of our lakes and rivers contain germs and forms, that are known to be deleterious to health.

We would refer the reader to an article on Croton Water, by Dr. Ephraim Cutter, M.D. (*Medical Record*). Dr. C., while making an examination of the water under the microscope, found epithelium scales containing bacteria ; he also found gemmiasma verdans (ague plant), besides other forms supposed to act deleteriously on the human system.

Again, it is a common custom of mothers, who, being forced by stern necessity, are compelled to depart from the law of nature, which calls for the nutrition of the infant from the maternal fount, to sweeten the milk given to their infants with

cane sugar! Now the young infant's power of digesting cane sugar is but feeble, the sugar is very apt to change into acid, resulting in great disturbance of the alimentary canal.

We give below a table of the composition of human milk and that of different animals available for man's use :

	WOMAN.	COW.	ASS.	GOAT.	EWEL.
Casein (cheese).....	1.52	4.48	1.82	4.08	4.50
Butter.....	3.55	3.13	.11	3.32	4.20
Milk sugar.....	6.50	4.77	6.08	5.28	5.00
Saline matter.....	.45	.60	.34	.58	.68
Water.....	87.98	87.02	91.65	86.80	86.62
	100.00	100.00	100.00	100.00	100.00

From the above table we find that the ass's milk bears the closest resemblance to the human. But the average mother who is compelled to substitute animal milk for her own, in the nutrition of her infant, cannot have access to ass's milk, and is compelled to use that of the cow. To such we would recommend the following precautions: The milk (if possible), as soon as obtained from the cow, should be isolated from the atmosphere in a bottle, or other suitable vessel, and kept at a low temperature. Milk readily ferments at 70° F. Before administering to the infant, it should be slightly warmed. Water is an unnecessary addition to it. If added, it should first be filtered. Cane sugar should never be added to the milk. If the milk is to be sweetened use milk sugar. If a bottle is used in feeding the infant, it should always be thoroughly cleansed before being used.

The purpose of this paper has been chiefly to show the proximate principles; to demonstrate what is pure butter; to show the impurity and danger of oleomargarine; to give some plain but useful facts in regard to the composition of several kinds of milk; to show what changes milk undergoes, the danger arising from these changes, and the simplest methods of providing against them. Other foods will be discussed in this journal.

SELECTIONS.

COLLECTIVE INVESTIGATION OF DISEASE. Delivered before the Metropolitan Counties branch of the British Medical Association. By SIR JAMES PAGET, Bart., D.C.L., F.R.S.

MR. PRESIDENT AND GENTLEMEN: When it was proposed to myself, as well as to Sir William Gull, that we should give addresses here on the subject of collective research, it seemed to me scarcely possible that two addresses on the same subject could be given on the same night; and when Sir William Gull

was good enough to promise that he would speak first, I felt nearly certain that he would leave me nothing that could be said, except after the manner of useless repetition. I shall, therefore, speak very briefly; and I will add emphasis in proportion to the shortness of my speech, by admitting that I entirely agree with everything that Sir William Gull has said. I will ask you to allow me to flatter myself so far as to say that, if I had spoken first, I should have said the very same things. If I may condense what Sir William Gull has said at full length, it seems to me he has shown perfectly how this design of the British Medical Association may fulfil the two great purposes which we should have constantly in mind in our profession—the increase of knowledge and the improvement of the mind of the observer; for these things can rarely go apart.

I cannot but admire how well a large assembly such as this, representing, as it does, a yet larger Association, has declared itself to be in the state of mind most favorable to the acquirement of knowledge—the state of partial ignorance. The list of questions which is published upon each of the papers sent out by the committee indicates that we are not ashamed to confess our doubts on some of the most important things that come before us; that we are prepared to start confessedly ignorant on many points upon which we are supposed to have complete and final knowledge. I think that, in common with most scientific men, we may boast that this is rather rare; that there are large groups of men, and those much esteemed, who rarely express doubt on anything, and thereby command the assent of those who listen to them. Without expressing the slightest preference for one side more than the other, I would say that this is best to be found among politicians, in whose speeches we almost entirely miss the words which are most familiar to ourselves—"perhaps," "possibly," "I rather think," "I would venture to suggest." I have looked with much curiosity, not for the sake of acquiring political knowledge, but for the sake of comparing the political and the scientific mind, to see if in some of the best and most renowned speeches I could find one expression of the kind. Not one is there. We must therefore be content to put up with what may be regarded as a sort of unpopularity if we confess ourselves to beginning with doubts, in order that we may be more sure in proceeding toward knowledge; for there is no state of ignorance so hopeless, so profound, as that which cannot even doubt.

The questions also show well how very large the inquiry is, and how various the objects that must be had in view in every research that we undertake. Sir William Gull has rightly said that I had in view in the

Bradshawe lecture the promotion of museums of morbid anatomy, and I am quite conscious that, whenever one undertakes to promote one thing, it is very difficult to avoid an appearance of depreciating others. I put, as it were in parenthesis, into the lecture some words which probably attracted no attention, and might have been omitted, implying that I should be the last to hold that any one method of inquiry on any scientific subject can be sufficient; and I said, what I venture to repeat, that the pathologist who thinks lightly of observation in practice, and the practitioner who thinks lightly of observation in pathology, will neither of them attain to more than that partial view of truth which is nearly as bad as error. And so I think, although still very highly estimating pathology, as illustrated by morbid anatomy, one may nevertheless speak with an unbounded desire for the success of an inquiry such as this, in which morbid anatomy may be almost wholly left out of sight. It is impossible to reckon what shall be ultimately the relative degrees of importance of the several methods of inquiry. I would rather hold that it is altogether childish to endeavor to say which method is best. One rule may be held for all: that is for each man best which he can do best, whether by force of circumstances, or by his own natural ability. And as one cannot but observe that the chief design of this collective inquiry is to bring into the fields of knowledge all that may be gathered in general practice by family and general practitioners, so I would not hesitate to name the knowledge which may be so gained as probably likely to lead to the very highest knowledge, and even the solution of the most difficult problems in pathology that can be set before us. I would have dilated on this subject, but that Sir William Gull has treated it so fully in regard to the attainment of family histories. There is certainly no other means so good as that which may be possessed by those who have known families for generations, and who can, of their own knowledge, and not on the fallacious and often very false reports of relatives and friends, declare what has been prevalent in this and that household. And yet, if one should set before one's self the gravest and most important problem in all pathology, it would be that which concerns the inheritance of disease; and as Sir William Gull has rightly stated, the inheritance, not of disease alone, but of that which from generation to generation shall obliterate the disease which one ancestor may have acquired. Let me observe that this is a kind of knowledge which can be gathered in the most ordinary pursuits of life; it needs no minute inquiry. The mere recollection of the daily life that has been spent in this or that small

village, among the two or three generations in one family, may recall it at once, and this is what we most thoroughly need, this personal and exact knowledge. And when I speak of knowledge that may be gained in the study of common things, there always comes to my mind the great example of Darwin, whose renown will last as long for the manner in which he pursued his knowledge, even as for the grand knowledge which he acquired. I have often felt in Darwin's greatest inquiries—and I would cite, as chief among the kind, his last work on the influence of worms that there are very few facts which might not have been observed by the common daily laborer in the field. He had the rare power of taking the common things that other men waste, and out of them making the grandest material of scientific work. So that it is vain to say that in any branch of practice, I have no opportunity for scientific inquiry; I cannot investigate this; I can contribute nothing to that which I see the scientific members of the profession are doing. "It requires merely the opportunity of a practice in the country, and the mind and resolution of Darwin, to bring great pathological conclusions out of the most ordinary facts of daily life in general practice. And if one wanted another motive for this, it would be the improvement of the observer's mind, and the charm which, as Sir William Gull has well said, he would find in the promotion of his own work, and in the mere pleasure of observing and finding his own conclusions.

We are all very apt to think that, as we grow older, we acquire experience and grow wiser. I have lived long enough to feel and discern the exceeding fallacy of that as a general rule; and yet I venture to say that the starting with a distinctly observing and scientific mind is of the first importance in our lives; for the whole career of a man's life, his whole real success in practice—or, to speak more to the subject of the evening, the whole value of what he may contribute to knowledge, may depend upon whether he begins with a mind for scientific inquiry. I am quite ready to believe, or rather I would say, I am quite willing to hope, that the young men who now enter upon life, and are called qualified practitioners, are really, in the broadest and largest sense, qualified, as well as in the legal one. Legally they are all, but some are certainly not qualified to make full use of the knowledge which they may meet with in their career and practice. A very wise old man said that it would be well if the youngest among us would remember that he is not infallible. It is a fault which is apt to prevail, to think that at the conclusion of study and with the right to practise, there is full power to do all that is required. There is not. Dr. Billings

said cleverly the other day that he wished, after thirty years of practice, he really knew half as much as he was convinced he knew when he first obtained his diploma. And I recollect Sir Benjamin Brodie telling me that, when he looked back over forty years of practice, he was astonished, chiefly at the ignorance with which he began; and I think to most of us who have that long career, the same reflection may often happen. Now both of those would have said that the knowledge which they really acquired late in life was due, not to the mere fact of seeing cases nor to having lived long enough to see them, but to the care, the prudence, the discretion, with which they observed, and remembered, or recorded what they saw.

And if I may impute a fault to those who are admirable in all the ordinary work of their life, I would suggest how large a quantity of knowledge lies scattered and lost to the scientific world in the charge of those who are in large practice, and who record nothing. It will be indeed an admirable result, and I think it will be the result, of this system of collective research, if this fault is mended, if every one can be induced to record his answers to the several questions that will be asked, and in the recording will get the habit of recording for himself many things that are not asked; for I am quite sure that there is no one who will undertake this but will find in the task an amount of refreshment, and of pleasure in his practice, equal to that which may be had in any kind of speculative pursuit, in any kind of sport, in any kind of game. For among all these things—in sports, and games, and speculations, and the rest—there lies underneath one thing—the desire we all have to unveil mysteries. Even the boy who tosses a half-penny to see which way it falls may illustrate a part of the scientific mind: at every toss he invents a mystery; at every fall solves a mystery. So, on a larger and grander scale, in every investigation that we enter upon, we set before ourselves a mystery—a mystery that may be as interesting as that of a romance, of a drama, of a great tale told in the history of past times. The mystery is before us; the power of solving it may be in our minds; and I venture to promise to all who will begin with this collective inquiry, and then proceed from it to personal inquiry, a pleasure of this kind as great as can be had in any of the pleasures of life.

REMARKS QUESTIONING THE PROPRIETY OF THE
INVERSION OF PATIENTS IN THE CHLOROFORM
SYNCOPE. By EBEN. WATSON, M.D., Senior
Surgeon to the Glasgow Royal Infirmary.

Syncope, or sudden failure of the heart's action,

is the chief source of danger to the patient, and of anxiety and difficulty to the surgeon, during the administration of chloroform. It is well known that this may take place before suspension of the respiration, or the two phenomena may occur almost simultaneously, the latter being their more frequent relation to one another.

Now, I wish very briefly to call attention to the actual state of the heart and lungs in the above condition of the patient, a condition which, in short, is syncopal asphyxia. In this state we have long had abundant evidence to prove that the right side of the heart is full of blood, and that the lungs are congested. I shall not here inquire which event is the primary one. It could easily be proved that the two events are differently related in different cases, but that in all cases the one increases the other. A feeble heart does not send the blood with sufficient force through the lungs, and so permits congestion to take place in them; while the lungs, if congested from any cause, resist the influx of blood from the heart, and therefore cause it to be gorged on the right side; and this engorgement, again, greatly impedes and enfeebles the action of the heart. As might *a priori* have been expected, the same condition of the heart and lungs has been found by all experimenters with chloroform. Thus Professor M'Kendrick and his coadjutors, in their report to the British Medical Association (p. 30), write as follows: "One of the most striking effects of anæsthetic agents is the engorgement of the right side of the heart and large veins near it. This has been directly observed by the committee, and is well known." They then proceed to discuss the share taken in this engorgement by the heart itself, which is known to be enfeebled by anæsthetics, especially chloroform, and by certain changes in the lungs which they found to be much congested in all cases of deep chloroformization. Into this discussion we need not at present follow them; I only wish to direct attention to the fact that in a state of deep anæsthesia from inhalation of chloroform there are always co-existent (1) a feebly acting heart, (2) an engorged state of the right side of the heart, and (3) a congested state of the lungs. In the suddenly alarming cases where syncope occurs it cannot be doubted that all these conditions are exaggerated in an extreme degree, and the object of treatment certainly ought to be the restoration of the organs to a normal state as speedily as possible.

Now in all writings and text-books on this subject one of the recommendations to the surgeon, in order to accomplish this end, is to invert the body of the patient by raising his lower extremities above the

level of the head and the upper part of the body. This practice is said to have had its origin in an experiment performed by Nélaton, and it generally goes by his name. His great character as a surgeon has given it a wide currency, a currency which, so far as I know, was not warranted by either the accuracy or the conclusiveness of his experiment. It is now blindly followed, I think, without consideration of the effect of the proceeding, or with very loose notions of its effect. Thus, in an otherwise good paper by Mr. Samuel Osborn, chloroformist to St. Thomas' Hospital, I find these words (p. 15): "Inversion of the body should be always tried if stoppage of the heart's action occur. The head being lowered and the legs elevated, the blood is sent to the upper part of the body." Of course it can only be the blood in the veins of the lower part which can be so passed to the upper part of the body, and every one knows that it must pass first through the right side of the heart, and then through the lungs, before it can be sent to the upper part of the body. But the evil against which we are supposed to be contending is that there is too much blood already in the right side of the heart and lungs, and that it cannot get on. To send more venous blood to these organs just then is surely to aggravate the mischief, especially where the heart's force is greatly diminished, and the respiration is inefficiently performed. Even although the latter function be carried on artificially it cannot be sufficient of itself to renew the pulmonary circulation while the heart remains feeble, and one great cause of its continuing feeble is the weight and paralyzing influence of engorgement of its right cavities. It seems to me, then, that this inversion of the body has been recommended in these cases without due consideration, and that it is not suitable to them. If, in spite of the valves in the veins, the venous blood from the neck and arms did get to the brain by depressing the head and neck, as is sometimes done, it could only deepen the coma and increase the evil from the side of the nerve-centres; and, as I have shown above, the venous blood from the lower part of the body, if forced upon that already filling the right side of the heart and lungs, could only embarrass the circulation, and still farther add to the danger of the patient.

The best position for such patients, as for all in syncope is the prone position, because in it a feeble heart has least hindrance to its work in sending; not venous blood to the lungs, but arterial blood, both to its own substance and to the brain. No doubt these two results of cardiac action take place simultaneously, but it is on the latter—viz., the sending

forth of arterial blood—that our hopes for the patient mainly depend, and the importance of artificial respiration in assisting this is obvious to all who rightly consider the matter. The prone position, and not more than prone, along with artificial respiration, is that which favors most the reinforcement of the heart, and this is the one object of hope in all such cases. But the practice of inversion of the body has been so constantly recommended that no one at present thinks he does his duty to his patient unless he has recourse to it, and I believe some operating tables are now made with a lever so as to enable the surgeon readily to invert the table and the patient upon it. Now this, I submit, is both an unnecessary complication of the table and a practice really hurtful to the patient, because in so far as it succeeds in sending venous blood of the lower part of the body to the heart it tends to embarrass and weaken that organ, already laboring under influences formerly explained, against which the best remedy actually is to diminish the blood, which stagnates in the right heart and lungs; and this we attempt to do by artificial respiration with the patient in the prone position more physiologically, and therefore more hopefully, than by inversion.

I have no doubt on several occasions seen inversion performed in cases where, during chloroformization, there was a temporary cessation of the pulse or the respiration, or both—in fact, where syncope had occurred—and in which recovery took place; but I believe the recovery was in spite of, rather than because of, the inversion of the patient. In fully as many cases of the kind I have not followed this practice, and yet the recovery was as rapid and as complete as in the others. It is in no spirit of boasting, but rather of thankfulness, that I state, notwithstanding my long experience of chloroform, now extending to more than twenty years of hospital and private practice, I have never yet seen a patient die of that anæsthetic.

In all cases where I have been present, the result has been uniformly fortunate, whether Nélaton's method was used or not, and therefore it may perhaps be said that my experience proves nothing one way or other; but undoubtedly there have been a good many, only too many, unfortunate cases, both recorded and unrecorded, in which the patients died in the chloroform syncope, and I believe in almost all of them inversion was performed, but did no good; and, if my view of the matter be correct, it rather did harm. The surgeons in these cases certainly did their duty in performing inversion, because it is at present the recognized practice; but now, when it is asserted to be contrary to sound

views of the physiology and pathology of the case, it may cease to be any longer recommended or practised. At all events, it will surely come to be more accurately discussed, and either established on a sound basis, if that be possible, or authoritatively discarded altogether, as I think it ought to be. With this object I now write, and appeal to my surgical brethren, especially to those of them who can look at the matter from the side of physiology. If I am convinced that my opinion is wrong, I shall be very ready to confess it; but if I am right, I may have assisted in simplifying the treatment of some very alarming cases, in which one would wish to do everything that is possible toward their recovery.

CLINICAL LECTURE.

A CLINICAL LECTURE ON STERILITY. Delivered at the College of Physicians and Surgeons. By PROF. T. GAILLARD THOMAS, M.D.

GENTLEMEN: I will read you this woman's history. Mrs. J. D., 27 years of age, married eight years, and never has been pregnant.

I have arranged to-day to present before you three cases of sterility following each other, for I want to give you some illustrations of what sterility is due to, and the kind of efforts to be employed in curing it. If your experience is like mine, your success in the treatment of sterility will be very slight, and you will not cure more than one or two out of every twenty cases that come to you. But let me tell you of a curious thing you will notice, and that is, that your neighbors will be more successful in this line than yourself; and on the other hand your neighbors will find that you are more successful than themselves. The explanation of this curious fact is, that if you cure two out of twenty cases you will talk more about those two than of the eighteen others, and you will publish your successful cases and every one will hear of them, while the eighteen unsuccessful cases will be entirely forgotten; and the same will be true of your neighbor's success.

There is only one way to get any good results in the treatment of sterility, and that is, to treat every case on its own merits, and not to say to yourself that Dr. So and So says that this or that is the best plan of treatment, and therefore I will try it. When a woman comes to you complaining of sterility, examine her and see if you can find any cause for it, and if you do not, then do not attempt to treat her, but seek for the cause elsewhere—that is, in the hus-

band. In some cases you will find that a constitutional disease in him has affected the vitality or lessened the number of spermatozoa, or a gonorrhœal inflammation may have at some time existed in the testicle or its appendages and as a result the canals of the spermatic ducts may have become destroyed by an adhesive inflammation agglutinating their walls together, and hence the spermatozoa cannot traverse them. If you can find out which of these causes exists and can remove it you can cure the sterility in the woman.

Our patient here says that she has had no children, and she has been married eight years. Let us examine her and see if we can learn why she has not borne any children these eight years. She says that she feels pretty well, except at the time for her monthly periods, when she suffers a great deal from pain in the back and headache and a dragging and bearing down pain in the womb. She is not at all regular in her periods, for they may come on only once in three or four months, and then they last less than twenty-four hours usually, and she loses only a very little blood. She wants to bear children, and her husband is a robust, healthy man.

Now, gentlemen, you have the history of this case, and it looks as if something was wrong in this patient herself which prevents her bearing children, and I will have to examine and see if I find her uterus normal and her reproductive organs all in their proper condition, before I can say what the cause of her sterility is. Having placed the patient on her back I passed my finger into the vagina and pushed it up until it came in contact with the cervix, which I found about in its normal position; but I discovered something peculiar here, and that was this. As I pressed against the cervix with my index-finger the os uteri felt to me like a small pin-hole. This was not a natural os uteri therefore, and the little opening made by it in the cervix gave a sensation to my finger very much like a small dent in a piece of wet leather. This little os uteri would not allow the passage of an ordinary sound, but only of a very small one. As I passed my finger again along the posterior vaginal wall I felt a lump, and as I pressed against it she winced, and it evidently was pressing down upon the rectum. Then as I made pressure downward with one hand on the anterior abdominal wall, I failed to find the uterine body where I would get it between this hand and the finger in the vagina. When I now changed the position of the patient, and put her on her side, and introduced a speculum in the vagina, I found that I could pass only a very small probe through the narrow os uteri, and as it entered it turned backward toward the hollow of the

sacrum. There was unquestionably therefore a retroflexed corpus uteri.

We have found so far by our examination evident causes enough for her not bearing children. Women with a retroflexed uterus often do bear children, but these are usually women who have had children before, and the displacement of the uterus is due to subinvolution and a feebleness of its supports, but during subsequent gestation, as the uterus swells it straightens itself and so rises out of the hollow of the sacrum, and the pregnancy goes on to a favorable termination. But this case is of a different nature, for the woman has never been pregnant. I will tell you the history of most such cases as this, and I suppose it will be hers too. Originally the uterus was standing erect in its normal position, but it had a long narrow cervix with a minute os uteri. Now, when she began to menstruate, this cervix was so narrow that the menstrual blood could not escape, but it would collect in the cavity of the uterus, and then after much pain a clot would be forced out and the menstrual blood be expelled in large quantities. These little clots often form at the internal os or in the cervical canal, and they give rise to intense labor pains until they are expelled, when a great gush of blood follows, and the sufferer experiences a sense of relief. This is repeated again and again, and the uterus becomes distended and unable to support itself, and when it returns to its natural size it falls over backward and produces a retroflexion. This flexion at the os internum presents to a limited extent a barrier to the outflow of the blood, which, coming against this bend, finds it difficult to get out, and now a spasmodic contraction of circular sphincter fibres of the uterine muscles takes place, and thus a sudden spasmodic pain is added to that which existed before. This spasm is due to the overdistension of the uterus with blood, just as in the bladder a spasmodic stricture is caused by the contraction of the sphincter fibres encircling the urethral orifice from overdistension with urine, or a spasmodic colic is caused by an overdistension of a portion of the intestines by gas. So in a uterus like this the following conditions obtain during the menstrual act. By reason of the narrow cervix the menstrual blood comes out drop by drop, and the uterus becomes ballooned and distended by the retained blood, and it gets so heavy that the fundus bends backward, or perhaps forward, and still further obstructs the outlet for blood, and hence spasmodic dysmenorrhœa is added to the patient's sufferings. In the next place, the uterus becomes congested by reason of this engorgement, and after menstruation has ceased a uterine catarrh or leucorrhœa remains. In these condi-

tions therefore you have found causes enough for uterine sterility; and now that you have found the causes, the question is, have you got the remedy?

This patient says that when she began to menstruate at 18 the doctor had to cut her cervix before any blood could escape, for the os was so small that the cervical canal was imperforate. Now, suppose such a patient should come to your office and tell you that she had been married eight years without having a child, and that she comes to you to be cured of her sterility, if she asks you if you can cure her do not promise her anything. After you have examined her you should tell her that you see here a number of conditions which are sufficient to prevent her bearing children, but you think that you can remove them, and if so, the chances that she will bear children will be very much greater than they are now.

Now for the plan of treatment. I need hardly tell you that the proper thing to do here is to cut. You should try to remove the morbid conditions; but do not take them up necessarily in the order of their occurrence, namely, 1st, the elongated cervix; 2d, the pin-hole os uteri; 3d, the retroflexion, and 4th, the spasmodic contraction and pain. If this patient were at the Woman's Hospital, where I shall try to have her go, I should advise to begin the treatment here by putting her on hot vaginal injections and laxatives, and then keep her quiet till one menstrual period has passed. This will give time for the congestion to diminish somewhat, and will give us an opportunity to watch the course of her menstruation. I would also use the intra-uterine sound to replace the uterus two or three times a week if necessary. Then at the end of her menstrual period I would introduce a speculum, and with a bistoury cut through the cervix by two lateral and a posterior incision. I would pass the knife up to the os internum and then cut outward, first to the left side a distance of an eighth of an inch, and then to the right for the same distance, and then cut up and down posteriorly in the same way. Having done this I would take a glass stem nearly straight and push it up through the cervical canal into the cavity of the uterus. You may find difficulty in pushing such a glass stem in the first time you try, and if so cut the incisions in the cervix a little deeper and then pass the stem all the way up to the fundus, and then put in an ordinary Albert Smith pessary, not to keep the uterus up merely, but also to keep the glass stem in place while the cervical tissue is allowed to heal around it. Then I would put the patient in bed and order carbolyzed vaginal injections to be given three times daily. After she had been quiet in bed for three weeks I would take the stem out, or if she were menstruating

I would leave it till after the period had passed, for it does not at all interfere with the process of menstruation, but the blood trickles out along the sides of the stem, while the uterus is kept erect and congestion is prevented. If after this it is taken out, the uterus will be found to keep its position and the congestion will have disappeared, and the endometritis and leucorrhœa be lessened, and the spasm of the sphincter muscle will have ceased and the narrowness of the cervical canal have been removed. After this had been accomplished I should be ready to tell the patient to go home, and would only do one thing more. Twice a week I would tell her to come back, and I would remove the stem, and having put a small piece of cotton on an applicator I would soak it in pure carbolic acid and then carry it through the cervix up to the fundus and move it about so as to coat over the whole endometrium with the acid. I never use tincture of iodine or alum as local applications to the uterine cavity, but I do use carbolic acid constantly, and I have never known any harm to come from it. Now, having made my application of carbolic acid, I would put back the glass stem and the pessary and let her go. I would keep up this treatment, and hope that by the end of eight, or ten, or twelve months I could take out the glass stem and find that the uterus would now stay up by itself without any support, and that the endometrium would be so improved in character that the seminal fluid could pass up without being destroyed, and thus fructify the ovum and produce pregnancy. By this plan of treatment, if our premises are correct, we will have cured the long and narrow cervix, the flexion of the uterus and cervix, the dysmenorrhœa, and the uterine catarrh. This is what will be done in this case if our patient will place herself in such circumstances that she can receive proper treatment. If she goes to the hospital, after one month of treatment she can go out again, and then twice a week go somewhere where she can have the applications of carbolic acid made, and I hope that the results will amply repay her for her trouble.

CASE II.—Now, gentlemen, here is case number 2. Mrs. L. S., 19 years of age, a native of Germany. Was married at 15, that is four years ago. Has never borne children, but thinks that she had one miscarriage three years ago, and has never been pregnant since. She complains of pain over the region of each ovary, not constant, but coming on three or four days before each monthly sickness and lasting all through the period and for a day or two after, when they disappear. Those can be put down certainly as ovarian pains because of their fixed position and limited duration. She also at the same time has

pain in the top of her head. This is what is called a uterine headache. She has the whites. Is anxious to bear children.

You have heard the history of this case. A young girl was married at fifteen, and at the end of a year she became pregnant and had a miscarriage, and she now thinks there is no doubt about that. She comes to us complaining of never having been perfectly well since. But that is not what troubles her most. She is sterile, and she has passed three years hopeful of becoming pregnant, and she has not. Now the question is, how are we going to benefit her? We have had one case to-day of sterility due to a retroflexion of the uterus and a narrow cervix, but there is nothing of that sort here. We must therefore investigate this case in the same way as we did the last, and see if we can discover the cause of her sterility. If we can find no cause for it, then we should tell her so and not make any attempt at treatment.

I placed this patient on her back, and I found the following conditions to exist. As I passed my finger up the vagina it did not come in contact with the cervix as it ought to, but on turning it over I found the cervix almost out of reach on the posterior vaginal wall, and as I pressed my finger down I discovered that the body of the uterus was lying back directed in a straight line toward the hollow of the sacrum, and it was pressing upon the rectum. I also discovered, on directing my finger to the sides of the uterus, the ovaries about twice their normal size, which you ought not to find, because the normal ovary cannot usually be felt or mapped out. But I can touch her ovaries easily, and they are sensitive to pressure. I next put the patient on her side and examined her with the speculum, and from the cervical canal I found hanging out a long string of whitish mucus, looking like the white of an egg. This mucus is very tenacious, and if you were to take a sponge and pass it up to the cervix and twist it around you would find, on withdrawing it, that the mucus would come with it like a piece of India-rubber down to the mouth of the vagina, and then it would spring back. If you then should take a piece of absorbent cotton and put it on a probe and thus try to cleanse the cervix, you would find it very hard to do. But if you take a little piece of dry sponge about the size of a large pea, and pass it by the forceps up to the os internum, you can then twist out this egg-like material, so that you can see the mucous membrane, and in this case you would find it very red and bleeding easily, and having very much the appearance you will see on the conjunctiva of patients with granular lids, at the eye infirmary.

This was probably the history of the disease in this

case : The girl was perfectly healthy until at sixteen years of age she had a miscarriage from some cause not known. She probably got up on the third or fourth day after this, and very likely with the consent of her physician, for many doctors seem to think that the same amount of care is not necessary after an abortion as after a labor at full term, and, the uterine supports not being sufficiently strong to hold up the uterus, it fell backward, and the uterine ligaments, especially the broad ligaments, being pulled on, the circulation in them was interfered with and the uterine veins became congested. This congestion has continued therefore for three years, and as a result the glands of Naboth have taken on a chronic inflammation and are constantly pouring out this thick mucous secretion. The diagnosis we have arrived at here is, therefore, a retroversion of the uterus, with uterine engorgement and endometritis, and a sympathetic enlargement of the ovaries.

You may attempt treatment here, but you will find that this chronic inflammatory condition of the Nabothian follicles is almost incurable. The great Dr. Tyler Smith has recently estimated that in the arbor vitæ of the cervix, between the os internum and the os externum, there are no less than ten thousand of these Nabothian follicles. Is it any wonder therefore that this diseased condition is so incurable? I wonder that it is ever curable! Now, how shall we treat this patient? First we will put the uterus in place and retain it by a pessary, so as to keep it in an upright position by mechanical influences until it finally falls over forward of itself. Then this mucous secretion must be removed by syringing the vagina out with very warm water every night, and then the whole of the inside of the uterus must be painted over with pure carbolic acid. I have given up all other applications above the os internum and only use pure carbolic acid, which is the best I know of. The result of this plan of treatment, I think, will be that, in a year or so, she will feel much better, and she may become pregnant after this thick mucus has disappeared. I doubt if this woman will come in the category of the two curable cases rather than in the eighteen incurable ones with which I said you would meet; yet still she ought to have the benefit of the doubt and see what treatment will do for her.

Now, gentlemen, I have no doubt you think I am very discouraging in my remarks about the treatment of sterility, but I would not be honest with you if I should tell you I could cure either of these two cases we have just seen, for no living man could be sure of this. Yet they may possibly both be cured. But I think this doubtful simply from the pure difficulties

of the cases; yet happily all patients are not so difficult to cure of sterility as these.

CASE III.—This next patient is Mrs. R. G., an Austrian. She has been married six years and has never been pregnant. Is 24 years of age. She has never had a miscarriage, and her only trouble is that she does not bear children. She is anxious to become pregnant. She is unwell regularly every month and flows for from four to six days. She does not suffer much pain at these times, except every second or third month, and every alternate month as a rule she is perfectly free from suffering. Notice that fact, gentlemen; the patient says she sometimes suffers agonizing pain at every second monthly period and at the alternate period not at all. It is a curious fact that some patients who live in mountainous districts will suffer greatly at every monthly period, but if they remove to the sea-coast they feel better at once and have no more pain. Again, other women who live on the sea-coast will suffer pain every month, but if they take a trip to the mountains the pain will disappear. Again, some patients who live in malarial districts will have much pain at every monthly period, but if they go away from home they will have none at all. I knew at one time a patient who had lived in Cuba, but when she came here she always suffered much pain every month. On returning to Cuba, however, her painful menstruation entirely disappeared. This then is one of those cases where the pain is supposed to be due to some temporary abnormal condition which is not severe enough to cause a constant return of dysmenorrhœa but only gives rise to an occasional spasm of the uterus, but a change of surroundings is enough to cause a beneficial influence over this condition and the patient gets well, yet when she goes back where the former influences prevail the old condition returns.

One of my humorous assistants has written on the back of this patient's card, "Crazy for a child." You have doubtless noticed how I ask each patient who comes to us for sterility if she is anxious for children. This is necessary in this age, when so many women try in every way to avoid becoming pregnant, in order that you may not be deceived as to the cause of the sterility. But as this patient is anxious to become pregnant we must search for the cause of her not becoming so.

When I placed her on her back and passed my finger into the vagina I found nothing remarkable until my finger touched a very little os uteri which felt like the os of an undeveloped or an atrophic uterus. Not only was the os very small, but the cervix had a peculiar feel, and instead of being rounded as it should be, with a recognizable os in the centre, I

felt that the uterus was of normal size, but with a pointed or pyramidal cervix and a pin-hole os, through which only a very small probe could be worked with difficulty. That was the only condition present, and she had no leucorrhœa. The probe took a natural course in the cavity of the uterus showing that the organ is in proper position. I think therefore we have found the real cause of her difficulty, though we cannot be sure of this. If you will look in Sims' book on Uterine Surgery you will find that he says that this condition of a pyramidal cervix with a pin-hole os is one of the commonest causes of sterility.

This case will go with one of those two successful ones and not with the eighteen, and I think she can certainly be cured if she will submit to the operation necessary. This is the operation: Slit up the cervix on each side with the scissors, and then cut off the ends of both the anterior and the posterior lips, and then adjust the edges and bring the two lips together with sutures by Sims' method, and then put in a glass stem and leave it in place while the cervical tissues heal about it. By this means you will get a short cervix with a large os which will easily allow the passage of spermatozoa into the uterus. In some cases of pin-hole os, however, the cervix is not long enough to make an excision of it necessary. In such cases you need only make the slits in the sides and then put in a glass stem with a pessary to retain it in place, and probably within six months the sterility will be cured.

Having now shown you three cases, in two of which the chances of success are very doubtful, I am very glad to be able to end up with one which presents fair prospects of being cured of her sterility. —*Gazette.*

PROCEEDINGS OF SOCIETIES.

MONTREAL (CANADA) MEDICO-CHIRURGICAL SOCIETY.
(Prepared for this JOURNAL.)

At the February 16th meeting of this Society, Dr. George Ross reported a case of aneurism of the anterior communicating artery. The patient, a boy of 17, was admitted into the hospital in a state of coma. There was stertorous breathing, the eyes closed and the pupils contracted. There was rigidity of the arm, forearm, and legs. The patient had been well up to a year before admission, when several epistaxial attacks occurred. Three months before admission he had an epileptic attack. For eight days before admission he had headaches of increasing severity. Two hours before admission he became suddenly insensible. He was admitted December 18th. His

condition remained unchanged on the nineteenth. No albuminuria; toward evening muscular rigidity decreased; eyeballs prominent; right upper eyelid and ocular conjunctiva slightly ecchymotic; left pupil dilated. The arms on the twentieth were still rigid, but legs relaxed. Several chronic spasms of the arms and back muscles occurred. Cheyne-Stoke's respiration was well marked. Ecchymosis of the right eye increased, and it appeared in the left also. The temperature rose slightly. On the twenty-first the limbs were relaxed. The patient opened his eyes, but was not conscious. The optic disk veins were full. The temperature was 102° F., and the pulse 125. On the twenty-second the coma increased. There was relaxation of the sphincters. The temperature was 103° F. On the 23d the temperature was 105° F., and the patient died. On autopsy extensive hemorrhage, extending over the base of the brain, involving the meninges anterior to the optic chiasm, and affecting the longitudinal fissure and the anterior part of the corpus callosum. Separation of the orbital surfaces of the frontal lobes revealed a marble-sized aneurismal sac springing from the anterior communicating artery and partially imbedded in the somewhat lacerated contiguous brain substance. The sac arose from a small fissure in the anterior communicating artery, close to the right anterior cerebral, was full of dark blood, and had ruptured at the lower surface, the rent being about one seventh of an inch in length. The hemorrhage extended along the optic nerve sheaths to the eyeballs. The other cerebral vessels were healthy. There was no cardiac disease.

Dr. Ross alluded to the difficulty of early diagnosis in the case and to the assistance rendered by the development of subconjunctival ecchymoses. This was a very rare occurrence in cerebral hemorrhage.

Dr. Osler called attention to the frequency of cerebral aneurism, and of apoplexy in young persons caused by them. This was the eighth instance in a few years shown to the Society. Four were of the middle cerebral artery, two of the basilar, and two of the anterior communicating. In seven, death was caused by the rupture of the sac. In cases of fracture of the sphenoidal bone, or in instances such as this, where the hemorrhage occurred in the neighborhood of the optic nerves, subconjunctival hemorrhages would be more common; but when the fracture was in the middle or anterior part of the orbital plate of the frontal, the hemorrhage was into the more superficial parts of the orbit, and more liable to produce ecchymosis of the eyelids.

Dr. Ross also reported a case of ulcerative endocarditis, simulating typhoid fever, in a man aged

26, who was admitted to the General Hospital on February 2d, in a state of delirium, with temperature 104°, pulse 100, and respiration 28. Though delirious, he would at times answer questions. The face was flushed, eyes bright, pupils small; expression anxious. Tongue dry, cracked, and brown; abdomen full; marked tenderness in right iliac fossa; no sore spots. Examination of heart and lungs revealed nothing abnormal. The patient had never been very sound in mind, but physically healthy; he had been at work January 29th, when he was taken with a severe chill, followed by headache, nausea, and vomiting. Went to bed that evening; became delirious, and had been feverish, with severe headache, ever since. There had been several loose stools each day. On the night of the 2d he was very delirious, talking loudly, and getting out of bed. Passes fæces and urine involuntarily. On the 3d, the temperature was 102°, pulse 125, and weak. On the 4th, after a very bad night, the patient was much quieter, dull, and stupid; face dusky; can get no reply to questions; temperature 103°, pulse very weak; passed stools in bed. Patient gradually sank, and died the third day after admission, the eighth of his illness. On autopsy there was found extensive ulcerative disease of the aortic valves, two of which had been fused congenitally and were sclerotic. The vegetations were soft and recent, and there was a small perforation of one segment. The mitral valve was unaffected. The spleen was about twice the normal size, but presented no infarctions. The kidneys were enlarged and showed six or eight recent infarctions. In the small intestine there were half a dozen spots of hemorrhagic infiltration of the submucosa, the centre of each occupied by a small white necrotic patch (infarctions). Brain: in the left occipital lobe there was a spot of recent red softening, the size of a small apple.

The case had been regarded as one of typhoid fever from the mode of onset and the pronounced abdominal symptoms. The only suspicious features had been the bright eye and injected conjunctiva, and if a murmur had been heard a correct diagnosis might have been made. The experience of a considerable number of cases had now made both physicians and attendants at the General Hospital tolerably alive to the phenomena of this disease, but in none of the previous ones with typhoid symptoms had the course of the disease been so rapid. In reply to a question, Dr. Ross stated that the state of the valves was certainly such that a murmur might have been expected, but none was heard when he examined the patient the day after admission. The condition of the vegetations would almost prevent a regurgitant

murmur. Dr. Osler exhibited the characteristic micrococci of the vegetations, stained with aniline blue. In this instance there were a few bead-like chains, such as had been noted by some writers. Their relation to the disease was still in dispute. They are found in the simple warty vegetations and in the outgrowths often met with in old sclerotic valves; indeed, they appear elements common to various endocardial processes which have very different symptoms and arise under different conditions. Malformed valves, as in this instance, appear specially liable to attack by this form of disease.

Dr. Ross showed a bottle full of milky-looking fluid which had been removed from the peritoneum of a lad under his care, who had albuminuric anasarca. The abdomen was much distended, and several pints of fluid were removed. There were no formed elements in the fluid.

Dr. Gardner exhibited a diseased placenta from a patient who last menstruated August 12th, quickened two days before Christmas, and was delivered of a dead macerated foetus February 7th. The specimen was much shrunken, measuring about three and a half inches in diameter and one third of an inch in thickness. In general the substance was much paler and firmer than that of the normal placenta. There were firm nodules, evidently the result of placentitis or of extravasated, decolorized, and organized blood-clot. Interspersed between these were cavities varying in size from a cherry to an almond, filled with recent blood-clot. The membranes were opaque and friable, a large part remaining in the uterus and requiring introduction of the hand for removal after the expulsion of the placenta. The patient is the mother of five children, all born at full term after normal pregnancies. During the pregnancy in question she had been œdematous to a slight extent, had suffered from general weakness and craving appetite. When first seen by Dr. Gardner, four days before delivery, was suffering from violent frontal and vertical headache, evidently of uræmic origin, as there were distinct general anasarca and slightly albuminous scanty urine. For nearly three weeks the foetal movements became gradually more feeble, and during the last three days had entirely ceased. At the time that the movements ceased the uterine tumor sank toward the pelvis and had lost its normal elastic feel. Foetal heart-sounds were inaudible. Headache appeared at the same time on the cessation of foetal movements and collapse of the uterus, with renal insufficiency. This seems to bear out the pressure theory of uræmia in pregnancy. Treatment before labor consisted in purgative doses of compound jalap

powder, with full doses of potassium bromide and chloral. The latter gave no material relief to the headache and was soon discontinued. Fifteen-minim doses of Battey's sedative solution of opium were substituted with marked success. After the uterus was emptied the urine increased in quantity, the headache disappeared, and the patient made a good recovery.

Dr. Armstrong reported a case of apoplexy into the ventricles—a man aged 37, who had consulted him with severe headache, slight intolerance of light, and vomiting. Patient was under treatment for secondary syphilis. In a few days he felt better and was able to go out. February 3d, he took supper in the evening, but vomited it, complained of great pain in the head, became comatose, and died at eleven o'clock. A post-mortem revealed hemorrhage into the fourth and lateral ventricles. The walls of the lateral ventricle were unbroken, and the source of the hemorrhage was not detected.

Dr. Alloway reported six cases of puerperal septicæmia, three of which had been treated by the introduction into the uterine cavity of iodoform suppositories. He referred to the care and anxiety which these cases caused to the attendant, the frequent visits necessary if repeated intra-uterine injections be used, as in general practice the assistance obtained is rarely skilled enough for this. The advantages of iodoform in general surgery were now fully recognized, and it occurred to him that they might be extended to the treatment of the raw placental surface and to the lacerations and bruises of the passages. The site of a separated placenta had been compared to the stump of a limb after amputation. With this remedy the advantages were not only of a topical action, but, applied in the manner directed, the effect was continuous, and the vapor, or whatever it was, given off permeated to all parts. Too often with injections the superficial parts were cleansed, and in an hour or so, unless repeated, the discharges were again fetid. He believed that with the iodoform there could be obtained a more effectual disinfection of the intra-uterine cavity in these cases than with the ordinary solutions, and the trouble of constant injections was completely obviated. He referred to the current views of septicæmia, particularly to the formation of a virus by the bacteria in the decomposing discharges, and suggested that if, as Binz has shown, the iodoform controls the activity of the protoplasm of the colorless blood-corpuscles, it may do the same with the bacteria. In carrying out the treatment he used a Sims' speculum, washed out the uterus first with plain or carbolyzed water, and then, with a tent-inserter,

passed the suppository far up into the fundus. He used them of the strength of ten, fifteen, or twenty grains, and usually introduced one night and morning. No poisonous effects had been observed.

Three cases, two of diphtheria of the passages, were treated successfully with injections of carbolic acid and Condry's fluid; the third, a very severe case of septicæmia, which he had not treated during the entire illness, but which had had no injections, and terminated fatally.

The cases in which the iodoform had been used were as follows: Mrs. B., aged 23; confined June 20th, 1882; fœtus nearly full term, but dead some time and decomposed; fluids very dark and offensive. Uterus was washed out immediately with carbolic solution, and the nurse was ordered to syringe the vagina with the same every three hours. Up to the 23d the patient did well, but in the afternoon of this day she had a chill, and when seen in the evening the temperature was 104.5° and the pulse 123. There was no pain; discharge slight, a little offensive. The cavity of the uterus was washed out with warm water, and a fifteen-grain iodoform suppository inserted. On the 23d the temperature was 101° , pulse 110. Uterus again washed out and another suppository inserted, and in the evening a third. No further chills; patient doing well. On the 25th the temperature was 99° ; same treatment followed. She made a good recovery. Mrs. E., aged 30; fourth pregnancy; confined September 24th, 1882. Easy labor; did well until the 26th, when she had intense perimetritic pain and a severe chill; temperature 103.5° , pulse 126; ordered poultices, and gave Battey's solution of opium. Followed same local treatment as in former case. In the evening the temperature was 104° ; introduced another ten-grain suppository. 27th, pain gone, temperature 100° ; same local treatment morning and evening. 28th, better, continued the suppositories. On the 30th, the temperature was normal, and she made a good recovery. Mrs. G., aged 25; third pregnancy; confined December 13th, 1882. Dead twins at the sixth month. Placenta came away seemingly entire. Patient had a series of chills in the past twenty-four hours, and after delivery the temperature was 105° , pulse 100, and she was in a very excited state. A portion of adherent placenta was removed, and grs. xx. of quinine were given. On the 14th she was quieter; temperature 103° , pulse 140; uterus was washed out and two ten-grain suppositories inserted. No tenderness. 15th, temperature 100° , pulse 112; same local treatment. On the 16th, had diarrhœa; had no suppository last evening; discharge this morning a little fetid; temperature 103° , pulse 124; two of

ten grains each inserted, and in the evening a third. To the 21st, she had one every morning and evening. On the 22d treatment stopped ; temperature normal.

Dr. Trenholme thought the practice a reasonable one ; he had had no experience with the remedy ; but was one of those fortunate ones who have never had a case of puerperal septicæmia in private practice. Dr. Gardner had used iodoform in lacerations of the vulva and perineum with advantage. The tenacity with which it adheres to raw surfaces, and even remains after injections, is a point in its favor. He had used it also in chronic endometritis, and, although it had diminished the pain, no permanent good resulted. He had rendered his sponge-tents antiseptic with iodoform. Dr. George Ross referred to diphtheria of the vagina after delivery, and remarked upon its insidious onset in a case which he had treated. He thought Dr. Alloway's suggestion very valuable, and could speak of the benefit he had seen follow in one extremely severe case of puerperal septicæmia. The factor was removed and a decided improvement manifested within forty-eight hours. He did not think there was any danger of toxic effects in the doses mentioned. Dr. Cameron said that while iodoform was a local anæsthetic its antiseptic properties were of most value. Dr. Armstrong was of opinion that there are cases in which septic poisoning was due to decomposition and sloughs when the pelvic cavity could best be treated in this way. Dr. T. W. Campbell believed that the suppositories were of most value in case of partial placental retention.

Dr. Osler presented the brains of two murderers. One was in the army, was a hardened criminal, and had been discharged as unfit morally. He cut his throat just before execution. The brain was large and well developed. There was no marked asymmetry, nor was the brain of the confluent fissure type. From the history given this might have been expected *a priori*, as the man was a criminal from motives. The second case was in sharp contrast. The subject had had hallucinations for several years, and despite these had been sent to the penitentiary. He killed an old man and his daughter with useless atrocities. Despite a well-sustained defence of insanity, he was executed. The brain was abnormally small. The cerebellum was uncovered. There was marked asymmetry between the fissures and convolutions of the two sides. The fissures in the right parietal lobe were confluent. Benedikt has obviously started Osler studying the brains of criminals without any regard to the previous history of the subject, and to the labors of Ferri Lacassagne and others in this branch of sociology.

ORIGINAL CORRESPONDENCE.

MOFFAT, BELL Co., TEXAS, March 28, 1883.

DEAR DOCTOR :

I read in JOURNAL of 10th inst. of a man examined by the Philadelphia Medical Society, who does not perspire. The circumstance brings to my mind the case of Mr. H., living some seven miles from this place, who has never perspired in life. He is now about forty, about five feet eight inches, weighs about one hundred and forty pounds, of florid complexion, hair rather sparse on head, and has never had but four teeth, is married and has several children, one or two of whom partake of same nature with regard to teeth, yet whose skin seems to be porous. Mr. H. has good mental capacity and fair attainments, being a teacher and farmer. During the summer months the calor of the system often becomes so great that it requires a number of buckets of cold water poured over his person to prevent (as he says) actual suffocation. I do not know that his surface has ever been examined (microscopically), but judge from the circumstances of the case that the sudoriparous ducts are occluded.

Doctor, allow me to express my admiration of your JOURNAL ; to my mind, it fills an indication long needed. How refreshing to read every week the ripe experience of the grandest professional minds on either side of the Atlantic. I would not disparage the merits of other good medical journals, several of which I read, but in the front rank stands GAILLARD'S MEDICAL JOURNAL.

As ever, your old subscriber and friend,

J. H.

LITTLE ROCK, ARKANSAS, March 24, 1883.

DEAR DOCTOR :

In your journal of March 10th is an account of "Absence of Perspiration in a Man." There is now living, or was not long since, at Mountain Valley Springs, twelve miles west of Hot Springs, a man about 50 years old, who says he never perspired in his life. He came to Hot Springs to try if the waters would not start perspiration, but could never get up a particle of moisture from transpiration through the skin. In the summer he is compelled to avoid all exertion, as the heat of the body becomes so intense that he would die. His skin is of a peculiar flabby and parchment-like appearance. Don't think it is ichthyosis. Otherwise he is healthy and moderately stout, and quite active in cool weather. Great improvement in the enlarged JOURNAL.

Very truly, your friend,

T. E. MURRELL.

CHICAGO, April 10, 1883.

DEAR DOCTOR :

Medical matters have been somewhat active here in many ways during the present month. The college commencements presented little out of the common, certainly nothing worthy of mention. There are some changes going on in the College of Physicians and Surgeons, which, as your readers are aware, occupied a decidedly unpleasant position before the public in a recent legal controversy. It has been making changes in its faculty, evidently necessitated by stock-holding exigencies. Rush has had an unfortunate experience at its surgical clinic under circumstances which do not reflect in the slightest on the surgeon, Dr. Gunn. The Chicago Medical College had quietly abrogated its requirement of examination before admission, but was discovered by the omnipresent daily press, and its faculty are busy making explanations and promises of reform of such oversights (!) for the future. One of its students appears to have the power of being in two places at the same time. He was studying, according to a New Hampshire academic college catalogue, for the degree of bachelor of arts, while he was a student at the Chicago Medical College at the same time. A few little circumstances like these are inconsistent with the grandiloquent claims of the college. The hospital embroglio, to which allusion was made in the September number, is still in process of settlement, which is apparently no nearer conclusion than it was six months ago.

Dr. H. Gradle recently lectured before the Physiological Institute on "The Germ Theory of Disease." He said that our knowledge of the causes producing diseases in the majority of cases was as yet very imperfect. Within the last ten or fifteen years, however, there had been quite a revolution in the assignment of causes of disease, and it had now become recognized that most diseases were due to an invasion of the human system by foreign living organisms. They were called bacteria. Their size was so small that a chain of fifty thousand of them would scarcely form an inch. The rapidity with which they multiplied themselves was astonishing. While these germs were so frequently injurious, they were often useful to man. The souring of wine and the turning of it into vinegar was due to their action, and they were also useful in ripening cheese. There were different species. Those which soured milk were entirely different from those which entered or invaded the system of man, lived there, and caused disease. They entered the system through the lungs, and began their deadly work with that organ. If the body was weak, it would suc-

cumb to the action of these parasites; but if it was strong, it would resist them, and they would be crowded out. These parasites seized upon the lungs and caused consumption, and they would grow and increase on the outside of the body if there was proper food for them. Infectious diseases were due principally to the invasion of the body by these parasites. Heat and poisons would destroy the parasites, but unfortunately they could not destroy them when they got into the body of a man without destroying the man himself. They knew of no agent so far that could destroy them without destroying the human body. Recently, however, some experiments had been made, particularly in France, that led the medical faculty to hope that they would be able to prevent disease from these parasites if they could not check it. Vaccination, it was likely, would be applied to more diseases than one. By renewed vaccination every five or eight years it was hoped to be able to secure moderate freedom from disease. Of course there were diseases due to changes of temperature, but most diseases were generated by these parasites.

At the Chicago Medical Society Dr. T. O. Sommers, of the University of Tennessee, gave a description of the epidemic in the South thirteen years ago, of malarial hæmaturia, and used the facts to demonstrate that Bright's disease was not a disease, but a result of a disease, a clogging up of the circulation through the kidneys. It was no more a disease than death was a disease. It was the result of a general disorganization of the system, and wherever it placed its finger it was the finger of death. The cause lay in the blood; in the fact that the alkalinity of the blood was increased. It arrested the channels of waste, so that they could not pass off. The alkalies of the blood were always in a state of suspension, and when increased destroyed albumen and eliminated it from the blood. It was the great life-giver, and if eliminated death would result. Dr. Paoli said that in his opinion Bright's disease was a local expression of a constitutional condition. Dr. C. T. Fenn exhibited certain calcareous tumors of the mediastinum and left lung having as nuclei grains of wheat. Dr. Edmund Andrews reported a case in which the patella was dislocated in such a way that the internal side of the patella was turned over upon the external condyle of the femur and driven into it. On account of the complications thus resulting amputation was required, but death occurred from pyæmia. Dr. N. S. Davis, in his paper read before the same society on "Pneumonia," said that it was one of the most fatal diseases that physicians had to combat. The aggregate deaths from pneu-

monia in this city during the year 1882 was 844, or one in every 597 of the population as given by the census of 1880. In the same year the whole number of deaths from pneumonia in Boston was 681, or one in every 532 of the population as given by the census of 1880. The number of deaths from pneumonia in San Francisco for the year ending June 30th, 1882, was 527, or one in every 441 of the population. In New Orleans only 203, or one in every 1088 of the population. The four cities he had named represented the northern Atlantic coast, the northern part of the great interior valley of the continent, the southern part of the same valley, and the Pacific coast. In all of them the ratio of mortality was sufficient to indicate that the disease was a terrible one. Pneumonia was most prevalent and fatal in those sections of country in which the meteorological conditions were most changeable, with a predominance of moisture and high winds, with a wide range of temperature between the warmest days of summer and the coldest of winter, thereby following the same law in relation to climatic influences as bronchitis and inflammation of the respiratory passages generally; second, that some of the statements in the standard works on practical medicine needed revision and material modification. He gave a number of quotations from some of these works affirming that the prevalence of pneumonia was extensive over the whole globe, and that it was found nearly alike in all latitudes. These assertions he questioned, and stated that official records went to show that twice as many males as females died from pneumonia, which circumstance was probably owing to meteorological changes affecting them on account of their out-door engagements.

Dr. Clevenger's lectures on "Art Anatomy" before the Art Institute here have attracted much attention from the profession. Of one of them I furnish a brief abstract: "Beauty of form is a strictly anatomical subject. To the thoughtless, it is an indefinable appearance which pleases; to the philosopher it is much more. Its appreciation is governed by the law of relativity, as is everything else in the universe; and every nation, nay, every individual, has its and his own standard. In portraying the queen of heaven, the Madonna was Italian, French, English, Spanish, Flemish, or Dutch, according to the nationality of the artist. The Hollander favored a rotundity of form which others would call fat and squab. The African, Asiatic, American, and European types differ immensely—indeed, to a provincial extent, among themselves; so much so that beauty on one side of a river, mountain range, or political boundary, would appear hideous to the inhabitants

of the other side. Symmetrical softness of outline, in conjunction with nicely blended colors, seems to be, *nearly*, the universal ideal of the graceful and beautiful. Hogarth attempted the general application of his wave line, not only to beauty of animal form, but to architecture, landscape, etc. He carried his single principle too far, for Gothic architecture is attractive in its angularity, and a rugged landscape may be beautiful without the presence of a curve. In general terms, however, Hogarth was right. Edgar Poe's words here seem appropriate: 'The mathematicians afford us no more absolute demonstrations than the sentiment of his art yields to the artist. He not only believes, but positively knows, that such and such apparently arbitrary arrangements of matter, or form, constitute, and alone constitute, true beauty. Yet his reasons have not yet been matured into expression. It remains for a more profound analysis than the world has yet seen fully to investigate and express them.' Poe said aright, that it was not allotted to the artist to analyze his instincts and sentiments. In another connection we will see that the artist himself must needs be analyzed first, and it was not till Herbert Spencer's day that this was done. To the artist beauty is a sentimental consideration; to Spencer sentiment is a matter susceptible of explanation. Hence the Spencerian analysis of beauty should be sought for by the artist.

"Aside from Hogarth's attempt to make too much of the curve idea, his Analysis is well worth reading. He has collected therein many useful hints not to be found in other authors; he notes, for instance: 'There is another very extraordinary circumstance which nature hath given us to distinguish one age from another by, which is, that though every feature grows larger and larger, until the whole person has done growing, the sight of the eye still keeps its original size; I mean the pupil with its iris or ring; for the diameter of this circle continues still the same, and so becomes a fixed measure by which we, as it were, insensibly compare the daily perceived growings of the other parts of the face and thereby determine a young person's age. You may sometimes find this part of the eye in a new-born infant fully as large as in a man of six feet, nay, sometimes larger. In infancy the faces of boys and girls have no visible difference, but as they grow up the features of the boy get the start and grow faster in proportion to the ring of the eye than those of the girl, which shows the distinction of the sex in the face. Boys who have larger features than ordinary in proportion to the rings of their eyes, are what we call manly featured children, as those who have the con-

trary look more childish and younger than they really are. It is this proportion of the features with the eyes that makes women when they are dressed in men's clothes look so young and boyish ; but as nature doth not always stick close to these particulars, we may be mistaken both in sexes and ages.' The facts to which Hogarth calls attention may be summed up to the effect that no matter what changes growth may cause to the relative sizes of faces, at all ages and in both sexes the absolute size of the pupil remains the same. There is a physical explanation in the retina of all alike requiring the same amount of light for visual impressions. The adult can see no better or more than the infant, and this is often true in more senses than one.

"An important item concerning the eye seems to be ignored by most writers upon art. The cornea or glassy part of the eye is a small globe segment laid upon the sclerotic or white of the eye, the eyeball having a larger radius than the cornea. This appears to have been known to many of the ancients. If we ask ourselves *why* does such a face impress us as being a 'good' one and another as being 'bad,' we must go deeper than the skin. Take the favorable instance of a really kind-hearted, upright person in fair circumstances and good health, with the purely accidental accompaniment of regular features and fine complexion. The goodness of him shows in his face, we say. Why? Because he is not distressing himself with unnecessary schemes and cares, and his consciousness of having harmed no one, nor wishing none harm, enables him to look you fairly in the eye, without the impudence of the domineering person, who can do the same only in a disagreeable way. Your good man is usually so self-complacent and good-humored that his eye twinkles and his face is wreathed in smiles, and that is about all there is in the so-called 'good face.' Cannot each one of us recall some such face with which we were prepossessed only to discover in time that we had been deceived in the possessor? To convince you how we often err in the opposite direction it is worth mentioning that defective eyes impart an appearance of character wholly undeserved by the individual estimated. Thus convergent strabismus and contracted pupils give sinister expressions to the face ; divergent strabismus a foolish look ; while dilated pupils or protuberant eyes express a surprise which the person afflicted with them may be far from feeling. Lavater's method of discrimination was carried to an absurd degree by a wealthy St. Louis merchant during my boyhood. He declared that, without exception, every one-eyed man was a scoundrel. Soon after making this brilliant remark he lost an eye himself,

and to add to the whimsicality he happened to be a pretty bad fellow. The poetical justice of the accident impressed itself firmly on my mind."

This will give an idea of the scope and style of these lectures. T.

MISCELLANEOUS.

THE DANGERS OF FUNERAL ICE-BOXES. — The *Sanitarian* : "Funeral ice-boxes and their dangerous use have very properly attracted the attention of some health authorities, and we are glad to learn that a petition to the National Board of Health is in circulation for the exercise of its influence for their prohibition. While the ostensible purpose of the ice-box is to prevent the spread of contagion from the bodies of persons who have died of contagious diseases, the wood of which they are made becomes infected by use, and they thus become the means of spreading the diseases which they are meant to prevent. There can be no question as to the far greater safety of air-tight metallic caskets, or where these are not used, in the more common use of well-known antiseptics and disinfecting fluids, which should wholly displace the dangerous ice-boxes at funerals."

THE SUBCUTANEOUS INJECTION OF ETHER.—M. Hayem, professor at the Paris Faculty of Medicine, in a communication recently made to the Academy of Medicine, on the utility of hypodermic injections of ether when death from hemorrhage is imminent, asserts that injections of ether practised on a dog which had lost so much blood as to have tetanic convulsions, and to be on the point of death, were followed by no perceptible results. In a similar case, transfusion of blood containing all its constituent parts was followed by, as it were, a veritable resurrection. When a sufficient quantity of blood (one nineteenth of the weight of the body) is removed from the animal, to place it just on the boundary between imminent death and possible survival, the result of subcutaneous injection of ether is equally negative. In the same circumstances, not only is transfusion of blood successful, but even, in some cases, recovery ensues, when the blood still remaining in the organism of the animal is diluted with serum taken from another animal of the same species. M. Hayem is of opinion that these facts indicate that it is a mistake to affirm that transfusion is a useless operation, and that the stimulation produced by hypodermic injections of ether can be substituted for it. Stimulation by ether, he remarks, increases the

force of the cardiac contractions, and quickens the heart-beats in a remarkable manner, but it does not increase blood pressure, nor raise the temperature in the rectum.

MORTALITY OF A GREAT CITY.—Thirty-seven thousand nine hundred and fifty-one persons died in New York City in 1882, the ratio being a little over twenty-nine per thousand of population. These figures show that New York has no equal among Northern cities for funerals, and that the business of undertakers is remarkably active.

The number of cases and deaths from the principal contagious diseases for 1882 was as follows :

Diseases.	Cases.	Deaths.
Small-pox.....	708	269
Measles.....	4,733	912
Scarlet fever.....	6,594	2,070
Diphtheria.....	3,842	1,521
Croup.....		730
Whooping-cough.....		655
Erysipelas.....		151
Typhus fever.....	207	66
Typhoid fever.....	684	363
Malarial fever.....		533

The average death rate for the United States, as indicated by the census returns for 1880, is between 17 and 19 per thousand. Of suicides there were 199 ; of these, 165 were men, and 34 were women ; 71 were Germans, 50 Americans, and 20 Irish.

FALSE TEETH AND GOUT.—Pompous professor in a medical school, “ Ah ! you are troubled with gout ! ” The Patient, “ I’ve never had any such complaint ! ” “ But,” said the professor, “ your father must have had gout ! ” “ No, sir, nor my mother, either ! ” Professor to his class, “ Ah, very strange. I’m still convinced that this man is a gouty subject. I see that his front teeth show all the characters which we are accustomed to note in gout.” “ Front teeth ! ” ejaculates the patient. “ Yes,” retorts the Professor, “ I’m convinced my diagnosis is correct. You have gout, sir ! ” Patient, “ Well, that beats everything ! It’s the first time, sir, I’ve ever heard of false teeth showing the gout ! I’ve had this set for the last 10 years ! ”

BAD BRANDY AND ITS RESULTS IN FRANCE.—Teetotalers will be delighted to learn that a temperance movement has begun in France. The inhabitants of that country are not forsaking the rough Bordeaux wine known by the name of “ le petit bleu,” but they are eschewing brandy ; and it is hoped by those who are sanguine that, having given up the more seductive fluid, they may in the end be

induced to surrender the less palatable drink. Possibly this might be the case, but for one little difficulty, which does not seem to have quite presented itself to the temperance advocates. The real cause of decrease in the consumption of brandy in France appears to be that so much inferior cognac has been vended of late throughout the country that the people, in sheer despair of getting anything better, have simply forsaken the beverage rather than be any longer deceived.

MEDICAL NEWS.

FARM FOR THE CITY’S CHRONIC INSANE.—The sum of \$25,000 has been appropriated for buying a farm on which buildings are to be erected for the chronic insane now in the city asylum.

NEW YORK’S CHARITIES.—The sum of \$1,029,953 has been appropriated for the public charities of this city during 1883.

LARGE BEQUEST.—Henry Seybert, of Philadelphia, deceased, left by will \$120,000 to the University of Pennsylvania for the endowment of a chair of mental and moral philosophy, and of a ward in the wing for chronic diseases.

DR. H. L. GETZ has been elected Professor of Physiology in the College of Physicians and Surgeons, Chicago.

A “ HERBALIST ” IN TROUBLE.—Nine villagers of West Chinnock, England, both sexes, were arrested for assaulting James Stacey, a herbalist. The complainant, who had been engaged in fortune-telling, was known as “ the wizard of South Petherton,” and his story was that the defendants beat him with pocket-handkerchiefs filled with stones. He was chased through the village, kicked, and beaten about the head. The defense was that he was a moonlighter, a vagrant necromancer, and fortune-teller. The judge dismissed the complaint preferred by the wizard.

A NEW HOSPITAL IN YONKERS.—There is to be established, under the medical directorship of Dr. S. Waterman, of this city, a hospital under the auspices of the B’nai B’rith. The grounds at Yonkers comprise ten acres, and command a fine view of the river. The hospital will be supplied with all the appliances necessary. The following are the members of the medical and surgical staffs: Dr. S. Waterman, Medical Director ; Dr. A. Jacobi, New York, Dr. S.

Swift, Yonkers, N. Y., Consulting Physicians; Dr. H. B. Sands, New York, Dr. G. F. Shradly, New York, Consulting Surgeons; Dr. Hockheimer, Dr. Wallach, Dr. Meyer, and Dr. Lœwingood, Visiting Staff.

A NEW JERSEY LUNATIC is trying to form a joint-stock company for the purpose of saving 400,000 lives in this country per annum. The prospectus of this company has been issued and sent to large numbers of persons. He offers to reimburse the stockholders and devote one half of the enormous sum he is to receive toward destroying disease altogether in this country and putting an end to the present medical fraternity, which he calls a dynasty licensed to commit unlimited murders every year.

THE office of State Commissioner in Lunacy of New York has been abolished. The position was originally created for the protection of a "ring" interested in the erection of costly insane asylums.

ADVERTISING "SPECIALISTS."—The Illinois Legislature has passed an act for the suppression of the "specialists" and curers of chronic diseases who advertise in the daily papers.

BERI BERI has been discovered in epidemic form among the Chinese laborers on the Canadian Pacific.

STEALING DIPLOMAS.—An enterprising individual named Noah D. McMonagle, of Rensselaer Falls, N. Y., a member of last year's graduating class of the Maine Medical School, who was "plucked" on his final examination, was arrested on a charge of stealing his diploma, and also on the charge of receiving stolen goods. At the same time F. E. Perham, of Auburn, was brought before the court charged with entering Adams Hall and taking the diploma. He pleaded not guilty and was put under bonds to appear March 19th. McMonagle's diploma was made out at the same time with the others, but was retained by the faculty. After having obtained it McMonagle returned to New York and went to practising. He, however, returned this term to finish his course and was arrested by Dr. Mitchell.

DEATH FROM STYPTIC INJECTION INTO A NÆVUS.—A very imperfectly developed child was brought to Rush Medical College for treatment for a vascular tumor which was growing very rapidly. Dr. M. Gunn injected three drops of tincture of perchloride of iron into the tumor. The child died of shock within half an hour.

FEMALE PHYSICIANS IN CHINA.—The Chinese papers state that Li-Fu-Yen, wife of the ex-Viceroy of the province of Chilli-le, being seriously ill, her husband had sent for "Miss Dr. Howard." It is added that this lady, who appears to be established in Peking, is gathering a good practice among the titled ladies of China.

HOSPITAL FOR CONTAGIOUS DISEASES.—The Board of Estimate and Apportionment has appropriated \$50,000 for the erection of a hospital for children suffering from contagious diseases.

DR. A. C. HAMLIN has been appointed Surgeon-General of Maine.

PHILADELPHIA has a layman, whose only reputation is that of a politician, as a Health Officer.

DR. J. S. CONRAD has been elected President of the Baltimore Medical Association.

A BILL to regulate the practice of medicine in Minnesota has been introduced in the Legislature.

THE bill to establish a State Board of Health in Pennsylvania was "killed by the opposition of the regular profession."

ACONITINE was the poison which killed so many patients of the Staunton (Virginia) Asylum.

TEA IN FRANCE AND ITALY.—*L' Union Médicale* states that the attempt at acclimatization of the tea plant in the Loire Inférieure is successful. Grafts on the camellia have borne well. At Messina, Sicily, the three-year-old plants are very vigorous, and have an abundance of leaves.

CHICAGO MEDICAL COLLEGE graduated forty students at its commencement, March 27, 1883.

TRICHINOSIS FROM SWINE, in the lard, is reported by Dr. Cook, of Cleveland, Ohio.

THE BODIES OF MURDERERS AND THE PREVENTION OF PUBLIC FUNERALS.—The Connecticut Legislature recently passed a bill directing sheriffs to cause the body of any executed criminal to be quietly and decently buried at an expense to the State not exceeding twenty dollars. The sheriff may deliver the body to relatives, still retaining exclusive direction of the funeral, or he may at his discretion refuse to deliver it where there is a prospect of an extravagant and disgraceful exhibition. There is a prospect that some legislation upon this matter will be undertaken by the New York Legislature.—*Record*.

EDITORIAL.

THE MILITARY SURGEON TO DISAPPEAR.—Some very curious facts have been published in regard to the steadily decreasing percentage of the wounded in battle, due directly to the perfection and increased carrying power of cannon, rifles, muskets, and "all the dogs of war."

In the days when battles were fought with the sword the mortality was enormous, amounting, as at Cannæ, in the case of the defeated army, to one half of all the men engaged. With the invention of gunpowder, hand-to-hand fighting became less common, and the proportion of killed and wounded in battle was reduced from one half to one fourth. The introduction of rifles reduced the mortality to one ninth, and when breech-loaders took the place of muzzle-loaders, as at Sedan, only one twelfth of the men engaged were hurt.

"There are two reasons why battles have become less bloody with the successive introduction of improved methods of destruction. Armies no longer fight in dense masses like the Greek phalanx, or even the column formation which proved so fatal to the Russians in the Crimea. Battles are now fought by thin lines of men formed in open order. The introduction of the rifle made it obvious that to fight in large masses was to invite certain destruction, just as the introduction of repeating rifles has made it impossible to storm fortified positions. Furthermore, the modern soldier knows the deadly nature of the weapons with which he is confronted, and he is careful not to expose himself unnecessarily; preferring, on the contrary, to shelter himself by every means in his power. Thus the far-reaching breech-loader, with its wonderful precision, actually kills fewer men than the clumsy short-range musket, and cannot compare in deadly execution with the Roman short-sword."

Why should not the proportion of men killed and wounded in battle continue to decrease with the invention of improved weapons? Such decrease would be strictly in accordance with the law which has been illustrated by scores of battles since the terrible day of Cannæ. If the results of the next three great improvements in military weapons correspond to those which have followed the successive inventions of muskets, rifles, and breech-loaders, only a fraction of the troops engaged in any battle will be injured; and there will then be needed only one more improvement in weapons to make a battle-field the safest place in the world; and soldiers will become the favorites of life insurance officers.

When that time comes, war will be as bloodless

as a game of chess. It will be reduced to scientific manœuvring for position. Of two hostile armies, neither one will come within gun-shot of the other, but each will endeavor to shut up the other in a position from which it cannot extricate itself, without coming under a fire which would utterly annihilate it. When this result is obtained, the successful general will telegraph or signal to his opponent the simple word "check," whereupon the latter will surrender. A series of such battles may be necessary before a campaign is ended with the capture of all the enemy's men, but only by accident will any lives be sacrificed, or any soldiers be wounded. Of course it might happen that two hostile armies would find themselves in such a position that neither would be able to 'check' the other, and an umpire—who would, of course, be some entirely impartial person—would therefore declare the game to be "a draw." A war conducted in this way might be long and tiresome, but it certainly would not be bloody, and there would be no difficulty in inducing even the most timid man to engage in the safe amusement of soldiering. So the military surgeon is to be known soon only in history.

Naval warfare will probably become harmless at an earlier date than warfare on land. When the submarine torpedo is brought to perfection, armor and guns will be useless, and certain destruction will await every war-ship which ventures within sight of an enemy's coast or an enemy's ship. "Naval warfare will be reduced to a mere trial of speed. When two men-of-war come within sight of one another each will try to run away, in order to escape torpedoes. The one object which every naval commander will have in view will be to keep out of sight of the other's vessels, and the moment war breaks out, there will be a grand flight of war-ships to the distant and secluded regions of the poles." How, under these circumstances, a naval victory is to be obtained, or men are to be wounded, cannot even be imagined.

The prospect that wars, both on land and sea, will some day be fought without the loss of a single life and without wounds, ought to be very pleasing to the humanitarian, however unprofitable such a condition may be to the doctor. Certainly, it will be an immense gain when nations no longer convert themselves into armed camps, but content themselves with armies of, say, twelve men each, with which to play the game of war. This will, of course, be perfectly feasible, since it will hardly be worth while to employ hundreds of thousands of men to play a game which a dozen could play with equal success and at so much less expense.

As most men are fond of "playing soldier" in peace, and in war (so long as there are no battles),

and as battles with the improved modern weapons are becoming safe, the day is coming near when armies will come out of battle stronger than when they went in; when there will be no deaths, no wounds, and when the military surgeon will cease to be a necessity on vessels or on the field. So the day is coming when the military surgeon is to disappear.

DIET OF BELLEVUE HOSPITAL.—There are rather numerous complaints about the quality and quantity of food furnished the free patients of this hospital. A female housekeeper who passed six weeks in one of the free wards gives the following as the daily supply of edibles: *Breakfast*, one slice of damp and unpalatable bread and a cup of cold coffee, without sugar, but with a teaspoonful of very dilute condensed milk. *Dinner*, one small cut of over-cooked beef and one slice of bread, no vegetables, not even a potato, and no pudding. *Supper*, one slice of bread and a cup of weak tea, without sugar or milk. A little oat-meal gruel is served to the patients about the middle of the forenoon, and this was the only really palatable food, according to the statement of this recent inmate, which was received during the day. This, according to many patients, was the usual diet supplied. Dr. Flint at one time made a very careful investigation of the food required by patients of the hospital, and this was buried in one of the reports of the Commissioners of Public Charities and Corrections. At the time this report was rendered the Commissioners were, although politicians, not of such a low grade as the present incumbents, whose real brutality excited the scorn of Dr. Bucknill (*Journal of Medical Sciences*, January, 1876) when the latter visited one of the institutions under their charge. Dr. Flint, after dividing staples into carbonaceous and nitrogenous articles, came to the conclusion that at least thirty ounces of bread and twelve ounces of meat—the former carbon- and the latter nitrogen-bearing—were necessary to human sustenance. Upon this basis, substituting for a part of the bread potatoes and other vegetables, and serving a portion of the daily ration of meat in the form of soup, Dr. Flint produced a set of dietary tables for the week, which embraced all the requirements of quantity and variety. Beans were introduced once or twice a week, and a dessert of simple but nutritious pudding was provided. Of the meat ration eight ounces were served as roast and the rest used for soup. When the system was put in force at the institutions on the Island, the hospitals, and the City Prison, it was found that with economy it required an expenditure of a fraction over fifteen cents per head per day to feed the inmates. And this at a time

when the cost of such articles was much higher than at present. This was far from extravagance, yet it seems that the system perfected with such care by Dr. Flint has been abrogated by ignorant politicians.

HOW TO HOLD A TEASPOON.—The Hon. Grantley Berkeley tells the following amusing story of an old lady whose physician had recommended a moderate use of stimulants to supply energy deficient in her system. Brandy had been suggested in a prescribed quantity to be mixed with her tea. "I remember well," says Berkeley, who was a child at the time, "having my curiosity excited by this novel way of taking medicine, and holding on by the back of a chair to watch the *modus operandi*. Very much to my astonishment, the patient held a liquor bottle over a cup of tea and began to pour out its contents, with a peculiar purblind look, upon the back of a teaspoon. Presently she seemed suddenly to become aware of what she was about, turned up the spoon the right way, and carefully measured and added the quantity to which she had been restricted. The tea, so strongly 'laced,' she then drank with apparent gusto. What seemed inexplicable to my ingenuous mind was the unvarying recurrence of the same mistake of presenting the back of the spoon instead of the front."

THE PSYCHOLOGY OF PRIMA DONNAS.—Every fact in regard to these modern queens of the stage seems to be read with ceaseless avidity. There is, however, very little said which demonstrates their moral organization: not their purity of character, which the public has really no absolute right to analyze or publish, but the truthfulness of their relations to their audiences; their freedom from sham; their genuineness and sincerity. A little revelation in regard to their stage psychology comes from a florist of this city. He says: "It would astonish some persons to know that the material of the flower ship which the prima donna pays for and receives with expressions of delight, at the end of the first act, reappears at the end of the second act in the shape of, say, a harp, and again at the end of the third as an anchor, or any other device sanctioned by usage. The audience is impressed by the size and cost of these gorgeous ships, harps, and anchors, which are carried down the centre aisle, one after the other, but a deft florist hard at work under the stage could explain the mystery. No sooner does the ship disappear behind the wings, than the flowers are stripped off the wire frame and put into the wire harp, and the prima donna utters her last shriek of the next act in time to see it coming down the aisle. It is also said to be the custom for some florists to rent

a 'floral trophy' for so many hours, in order that it may be publicly presented to the actress and then safely returned to the florist's vaults."

NÉLATON AND THE PAINTER.—The following interesting story is told of this great surgeon :

"A pet dog of the painter Meissonier one day broke one of his legs, rendered friable by over-feeding. Meissonier, desolated by such an accident to so beloved an animal, resolved to have recourse to the prince of surgical science, who at that time was Nélaton; but not venturing to declare the true motive, he telegraphed in hot haste for him as if to visit one of the family, then living at their charming residence at Bougival. Nélaton arrived, and entering the drawing-room began talking on various topics with the master of the house, who, although he had painted many battles and carried off many victories, knew not how to face the present affair. At last Nélaton, becoming impatient at the delay, and knowing the value of his time, asked, to the great embarrassment of the painter, where his patient was. Presently the wounded brute was brought in on a magnificent cushion, howling with pain in spite of all the care taken. At so distressing a spectacle, Meissonier, forgetting everything else, exclaimed in agony; 'Save him! illustrious master, save him!' Nélaton dressed the fracture, and the dog recovered; and shortly afterward its master wrote a grateful letter to the great surgeon, thanking him for his kindness, and requesting to know his fee. Nélaton replied that when the painter came to Paris he would call upon him. This he soon did; and was producing his purse crammed with bank notes, when Nélaton exclaimed, 'Stop, sir! you are a painter, are you not? Just put a gray coating on these two panels which the cabinet-makers have finished!' This was indeed a delicate revenge. But which had the last word? Meissonier, who, going at once to work, at the end of a few days produced two of his *chefs d'œuvre* on the panels."

BEAUTY.—Beauty is the first present nature gives to woman, and the first it takes away.—*Moore*.

WASHINGTON IRVING'S IDEA OF DIRT.—One must feel intellectually secure before he can begin to dress shabbily; no one but a genius or a great scholar dares to be dirty.—*Irving*.

DR. FRANCIS M. NYE saw the name of Dr. Frances A. Nye, of Harlem, in the New York Medical Register, about a year ago. Thinking she might be a relative, he obtained an introduction to her. A comparison of family histories revealed that they

were not related. A year's acquaintance proved that the coincidence of names and professions was also united with a coincidence of dispositions. At the residence of the Rev. S. H. Virgin, of the Congregational Church of the Pilgrims, in Harlem, Miss Frances A. Nye became Mrs. Francis M. Nye.

STILL FORGOTTEN BY DEATH.—Dr. Chevreuil, who has fulfilled the prophecy made concerning him in this JOURNAL in 1879, by reaching his hundredth year, whose father died at one hundred and five, who is chiefly known in this country on account of his valuable work on color, lately made a communication to the Académie des Sciences, with the remarkable comment: "Moreover, gentlemen, the observation is not a new one to me. I had the honor to mention it here, at the meeting of the Académie des Sciences on May 10, 1812."

TOTAL ABSTINENCE IN ENGLAND.—*The London Medical Press*, in referring to a serious falling off in the revenue from intoxicating drinks, states that since October, 1880, one million people in England have put on the blue ribbon, and 564,000 have signed the pledge. Per contra, the use of opium is increasing.

NEBRASKA UNIVERSITY MEDICAL DEPARTMENT.—The faculty of the newly established medical department in the State University has recommended Dr. A. R. Mitchell to the board of regents for dean of the faculty, and Dr. Lowry for secretary. The faculty determined to require three years' medical study and attendance on three full courses of lectures, as well as a clinical report written on assigned cases, as a condition of graduation. The department commences work next fall. It is endowed by the State.

NEW SOURCE OF OPIUM POISONING.—A baby of a leading merchant of Lynchburg, Virginia, was found to have been poisoned by a dose of laudanum administered by the nurse to quiet its restlessness and put it to sleep. The woman, being taxed with the act, did not deny it, and stated that the other nurses in the city were in the habit of doing the same thing: that they all had laudanum bottles.

SOUNDS FROM THE CONSULTING-ROOM.—"How long will it take you to cure me, doctor?" "Well, Mr. Blank, I think you can get back to your desk at the bank in about a month, but you will have to remain under treatment for several years." "But you mistake: I am not Mr. Blank the banker, but Mr. Blank the letter-carrier." "Oh, that alters the case. There is nothing the matter with you but a little biliousness. You will be well in a month!"

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ORIGINAL ABSTRACTS.

TREPHINING IN INTRACRANIAL ABSCESS. — Dr. Kilgarrieff, (*Dublin Journal of Medical Science*, January, 1883) has recently trephined for an intracranial abscess resulting from a fall while hunting. The patient was unconscious for two hours after the accident. A fortnight after he suffered much from pain over the upper part of the right side of the occipital bone and gastralgia. Any motion intensified the pain, and caused nausea. A shallow depression the size of a half-dollar, bounded by a well-defined margin, was found at the seat of the occipital pain. An exploratory incision down to the bone opened a collection of pus, and on exploring the bone a circular opening through the skull, two inches in diameter, was found situated on the upper part of the occipital bone, through which pus oozed. A circular piece of bone was removed with the trephine to give free exit for the pus; this opened an abscess from which half an ounce of pus welled up. The bone removed was deeply eroded on its inner surface. The abscess was washed out with a two per cent solution of carbolic acid. The patient was, subsequent to the operation, attacked by erysipelas of the head and neck, from which he recovered. There were no other complications, and the case ended favorably.

A NEW METHOD OF RESECTION IN OLD PES VARUS is proposed by Dr. Rydgier Kulm (*Berliner Klinische Wochenschrift*, February 5th, 1883), which is as follows: A curved cutaneous incision is made two thirds of an inch in front of the external malleolus, to avoid opening the joint, the convexity being downward, and prolonged over the outer side of the dorsum pedis to the centre of the cuboid bone. Through this incision, which reaches to the bone, the resection can be readily made with a chisel without injuring any important structure. The neck of

the astragalus is first chiselled through obliquely, from the outside inward, and in the same direction further downward, the anterior process of the calcaneum, so that a perpendicular wedge, with the base outward and above, is resected. By this means a great part of the deformity is corrected. To remedy the obstruction to the adduction and supination of the foot caused by the interior process of the calcaneum, he resects a horizontal wedge-shaped piece, with the base outward, from the upper surface of the anterior process of the calcaneum. A drainage-tube is inserted, the wound closed, and Lister's dressing applied, and also a plaster bandage to keep the foot immovable. When pes equinus is present, the tendo Achilles should be first divided.

FUNNEL-DRAINAGE IN ANASARCA is a method of removing large quantities of fluid devised (*Glasgow Medical Journal*) by Dr. Straub, Tübingen. It is simpler and affords more relief in equal time than Southey's. The apparatus consists of an ordinary glass funnel, of two inches diameter, attached to the end of which is an India-rubber tube one eighth inch in diameter, and long enough to reach to the floor. If the apparatus is filled with water, and the mouth of the funnel firmly applied to the skin of a patient lying in bed, while the end of the tube is immersed in a vessel on the floor containing a little water, it will be found to adhere quickly and act as a sucker; and when the funnel is applied over several small incisions or punctures in a case of œdema, the tube acting as a siphon will keep up a continuous drainage of serum into the vessel. The force of the suction can, of course, be regulated by altering the level of the vessel, and the flow of fluid can be watched by a piece of glass tubing let into the India-rubber tube. The apparatus, if protected by a small cage or cradle, can be left on for any length of time, and it is not displaced by movements of the patient if ordinary care is taken. Enormous

quantities of serum have been drained off in this way. In one case of chronic Bright's disease there were drawn off in two and a quarter hours, over seventy-eight ounces; in seven hours, over ninety-six ounces; and in twenty-four hours, two hundred and seventy-eight ounces; and in another case of extreme general dropsy from Bright's disease, nearly forty-three pints were removed in seventy-nine hours.

HYDATIDS OF THE PROSTATE.—Tillaux (*Progrès Medical*) reports the case of a forty-three-year-old man who entered the Hospital Beaujon for complete retention of urine. A flexible catheter was passed, but a steel sound failed to enter the bladder. Pain in the pelvis and in the lumbar region pointed to a possible lesion of the spinal cord. Exploration revealed a considerable prostatic enlargement. This enlargement fluctuated, and was regarded, because of the bad general condition of the patient, as a tubercular prostatic abscess. Two weeks later the tumor was opened through a rectal speculum, and a large quantity of liquid evacuated. The finger introduced gave evidence of a large cavity. Subsequently the patient passed a considerable number of hydatids by the rectum, and after a few days was discharged cured.

RECURRENT SCARLATINA.—Dr. Godnef (*Meditz. Vestnik*) has reported the case of a young man who was seized by a second attack of scarlatina while convalescing from a first. A similar case is reported by Dr. Frank W. Chapin (*GAILLARD'S MEDICAL JOURNAL*, January, 1881), and a third case is reported by Dr. F. P. in *Kinnicutt Med. Jour.* During the first attack angina, and the eruption profuse, covering the entire body. During the first week the axillary temperature was 104° to 105° F. The desquamation was extensive and lamellar. There was slight albuminuria, which disappeared in the course of two months. In the second attack there was a slight faucial congestion; the axillary temperature was 102° F., rising in a short time to 104° F. The eruption appeared on the neck and soon extended over the whole body, and was more profuse than that of the first attack. The fading of the eruption was characteristic, and the desquamation of the same type as on the first occasion.

THE POISON OF HELODERMA SUSPECTA.—Philadelphia physicians (*Medical and Surgical Report*, March 24th, 1883) have recently been experimenting with the terrible reptile known in Arizona as the gila monster, and which is the only lizard supposed to be poisonous. It is said that the creature

is kept in many houses in Arizona as a pet for children, the fatal character of its bite being unsuspected, as it appears to be averse to using its weapons of defence. A specimen of the reptile, which is variously described as "peaceful as a young missionary," and as "worse than a whole apothecary shop," has been exhibited to the College of Physicians. Dr. Shufeldt, while examining it for the first time, was bitten on the right thumb. The wound was quite severe, the teeth of the animal having been sunk to the bone. Dr. Shufeldt says that by suction with his mouth not a little blood was drawn, but the bleeding soon ceased, to be followed in a few moments by very severe shooting pains up his arm and down the corresponding side. The severity of the pains with their unexpectedness and the nervous shock and rapid swelling of the parts caused him to become extremely faint. The action of the skin was increased, perspiration flowing profusely. A small amount of whiskey was taken. The same night the pain was so great as to allow of no rest, although the hand was kept in ice and laudanum; but the swelling was confined to the hand. The following morning the swelling was greatly reduced, and in a few days the wound healed. After the bite the animal became dull and sluggish. As a result of their experiments Drs. Mitchell and Reichert say that there remains in their minds no doubt as to the fact that the fluid which drips from the mouth of the monster when it bites is a very active poison. They conclude that the poison causes no local injury. That it arrests the heart in diastole, and then the organ afterward contracts slowly, possibly in rapid rigor mortis. The cardiac muscle loses its irritability to stimuli when it ceases to beat. The other muscles and nerves respond readily to irritants. The spinal cord has its power annihilated abruptly, and refuses to respond to the most powerful current. It is unlike in these respects the ordinary snake poison.

SORE NIPPLES.—Dr. Favre (*St. Petersburg Medicinische Wochenschrift*) is of opinion that there are two varieties of these, fissures and erosions, and believes that the latter are to a large extent due to tight-fitting dresses and pressure by corsets. He advises that the nipples be sprinkled with bismuth, dry, or that this be made into an ointment in the proportion of one of bismuth to two of vaseline. This procedure has often resulted in a cure within twenty-four hours.

INTESTINE PASSED BY RECTUM.—Dr. C. Johnson (*Maryland Medical Journal*) recently exhibited to the Baltimore Academy of Medicine forty inches of

the ileum which had been passed by the rectum. The patient, a lady, had been subject to colic. Fæcal vomiting was present during the attack prior to the passage of the specimen. Obstinate constipation had existed for nine days previous to the vomiting, and a circumscribed tumor was to be detected. After vomiting for three days, the gangrenous intestine and a portion of the omentum were passed.

THE SENSE OF SMELL.—*Nature* says that in regard to the mechanism by which smell is conveyed to the nerve all that can be said is pure speculation. But as it is supposed that the vibrations of sound are conveyed to the auditory nerve through the small cirrhi, or hairs which spring out of round, cylindrical nerve-cells in the superficial layer of connective tissue of the epithelium of the internal ear, and that each is attuned to some particular note of vibrations, so it may be imagined that the hair-like processes connected with the spindle-shaped cells, themselves communicating with the nerve-fibres of the olfactory nerve, are the recipients of the vibrations causing smell. Although the rate of such vibrations is extremely rapid, no less, indeed, in the case of hydrogen than 4,400,000,000,000,000, or the four quadrillions, four trillionth part of a second, yet the wave length is by no means so small, for it averages the two one hundredths of an inch, a magnitude quite visible with the naked eye. And hydrogen has no smell; those bodies which have smell, and higher molecular weight, must necessarily have a slower period of vibration and possibly greater wave length.

HYPOCHONDRIASIS AND HEALTH.—Skoda (*Athenæum*, left among his papers a memorandum of certain conclusions respecting disease, at which he had arrived during an active practice of more than forty years. It was his deliberate conviction that at least one third of the illnesses for which he had been called upon to prescribe were purely imaginary. In such cases he had found it to his patient's interest as well as his own not to destroy the illusion. In the few instances in which he had told the truth to such persons the result had been genuine sickness. When their favorite occupation of nursing themselves was gone, they lost all interest in life and became the victims of nervous depression with its attendant ills.

DISEASES OF PREHISTORIC MEN.—This subject has received some attention in a paper read by M. le Baron (*Thèse de Paris*, 1881), before the Anthropological Society of Paris. Dr. Knapp, of New York, has also (*Archives of Otology*) studied the mound-

builders from the standpoint of otology. As the result of an examination of two hundred and fifty skulls of the mound-builders, he found exostosis in forty-four cases. The condition was due to the habit of carrying foreign bodies in the meatus auditorius. Neither of these papers, however, compared in scope with that of W. H. Jackson, M.R.C.S. read before the West Kent (England) Medico-Chirurgical Society. He (*Athenæum*) cited a case of exostosis in a femur found at Lozère; evidence of toothache and abscesses in the jaw found there and in the Belgian bone caves; of rheumatic ulceration of the joint in a jaw-bone and an astragalus from Furfooz, Belgium, and in other instances; a case of very extensive inflammation from the Caverne de l'Homme Mort, Lozère; a case of hydrocephaly from the Trou Rosette, Belgium, and one from the Canary Isles, observed by M. Verneau; hemiplegia in the skeleton found at Cissbury, Sussex; hip-joint disease in four cases recorded by M. le Baron; synostosis of the sutures in the Neanderthal skull; and numerous cases of surgical and posthumous trepanation. He also expressed the opinion that syphilis is a prehistoric disease, citing examples of it from Bray-sur-Seine, in France, from Patagonia, and from Peru, and hazarded the suggestion that circumcision, which prevails in every division of the globe, and is almost universally performed with a stone implement, is a practice which has descended from prehistoric times. Flattening of the skull is known to have been practised, and fractures of bones and wounds of the skull are, of course, very frequent. Upon the whole it may be concluded that the diseases of neolithic prehistoric man did not differ much from those of the present day.

RUPTURE OF TYMPANIC MEMBRANE BY KISSING.—A pretty girl presented herself at a clinic in Vienna, Austria, complaining that she had suddenly become deaf in one ear, and could not account for the unexpected affliction. Dr. Gruber questioned her as to the circumstances immediately attending the appearance of her deafness. After much hesitation and one prolonged blush, the girl at last confessed that when her lover returned after a long absence he took her in his arms, and pressing his mouth to her ear, conferred upon that organ a vigorous kiss. At that instant she felt a sharp pain and had been deaf ever since. Dr. Gruber, on examination, found that the ear-drum had actually been ruptured, and in all probability by the kiss.

ULCERS.—In a note on the treatment of these, Dr. J. Whitson (*Glasgow Practitioner*, January, 1883) calls attention to the fact that in healthy ulcers,

healing begins at the edges, and is centripetal in its action. He is of opinion that if the edges be high they can best be depressed by a liquid form of emplastrum cantharides, which can be painted over the elevated edges. At the same time the dressing should be dipped in a stimulating lotion, of which a solution of potasso-tartrate of iron is the best. The lint should not be applied in too moist a state, as it thus becomes incapable of absorbing the discharge. The dressing should be renewed twice a day. If adherent to the granulations, force should not be used in its removal, but the adhesions should be softened by means of a few drops of water from a syringe. The callous ulcer should be freely blistered along its edges. A sand specially prepared by heating it till all organic particles are destroyed, and then soaked in a 1 to 1000 aqueous solution of mercury bichlorides, has been found very useful in promoting cicatrization.

TWIN PREGNANCY.—Dr. Budin (*Progrès Medical*, December 9th, 1882), after a discussion of the situation of the ova and foeti in twin pregnancies, and the symptoms that therefrom result comes to the following conclusions: First, in researches on twin pregnancies, there should be taken into account the situation of the ova and foeti in the uterine cavity. Of these, three principal varieties are distinguishable. Sometimes the foeti are placed side by side sometimes one is in front of the other; sometimes one is behind the other. Examination after delivery will serve to confirm ideas of foetal position.

ORIGINAL ARTICLES.

A PAPER ON VERATRUM VIRIDE. Read before the Baltimore Medical and Surgical Society. By J. W. C. CUDDY, A.M., M.D.

Since my connection with the Baltimore Medical and Surgical Society, I have observed that it is a custom, which has never been deviated from, for the leader in the evening's discussion to choose for his subject some malady which afflicts the human race or some accident which may befall an individual. Thus it is that the *disease* holds priority, and the *remedy* a secondary or minor place. Materia medica and therapeutics, therefore, seem to have been neglected; and partially on account of this neglect I come to its rescue. It, however, gives me an opportunity to say a few words in favor of one of my choice remedies, and one which would be the last that I should like to have removed from my medical armamentarium. I come, then, gentlemen, with a

short paper in support of the remedial virtues of that potent drug—*veratrum viride*. And, although I cannot make it as interesting to you as one that has for its object the investigation of disease, yet to me it is of such vital import that I will endeavor to interest you as well as I possibly can by the rendition of dull but yet wholesome facts.

In my student days, one of our professors, well known not only for his medical lore, but for his Christian virtues, paraphrased the Scripture, so as to read, “And now abideth Diagnosis, Prognosis, and Therapeutics, these three; but the greatest of all is Diagnosis.” Almost acknowledging this to be true, I yet place therapeutics by its side, and claim for it equal consideration. And, among all the remedies at our command, not one has given me more satisfaction, or has been more certain in its effects, than the one under discussion.

As regards the history of *veratrum* it would be useless to iterate simply what is found in books upon this subject. You all know it well. But what I will have to say this evening, pertaining to its efficacy, I know whereof I speak, after having made it a constant servant throughout a period of nearly a score of years.

Veratrum is a powerful remedy; *veratrum* is a useful remedy; *veratrum* is not a dangerous remedy. When I say it is not dangerous, I mean that no physician need fear fatal results from the administration of this medicine, while he has its certain antidote—alcohol—in his possession. The most alarming symptoms that the over-use of *veratrum* may produce will surely be remedied by the giving of alcohol in the form of whiskey or brandy. While I speak of the reliability of *veratrum* to do its work, I speak with just as great confidence of the antidotal virtues of alcohol. Just as certainly as food will allay the disquietude of hunger, just so surely will alcohol overcome the toxicological effects of the medicine under consideration. And I really think it one of the most remarkable things on record, that a medicine with the power to reduce the pulse to one half of its normal frequency when given in doses of 5 or 6 drops, since its introduction, now covering a space of fifty years, has not, from either idiosyncrasy or from accidental or indiscriminate use, proved fatal in an adult, in a single instance. As large a quantity as one ounce of the tincture was taken in mistake by a physician, which brought on all its toxic symptoms, yet its alcoholic antagonist was equal to the emergency, and his life was saved.

Now, what are the physiological effects of *veratrum*? In other words, to what class of remedies does it belong, and in what manner does it do its

work? Prof. Stillé calls it a cardiac sedative, while Hartshorne, entertaining similar views, in his writings calls it an arterial sedative. It is certainly something more than can be claimed for that class of remedies. Bartholow, with an attempt at exactness, which is characteristic of the man in all his investigations, calls it a motor depressant, and while it is doubtless true, I prefer the classification of Wood, who places it among the nervous sedatives. And yet I think that I can claim for it other properties than are usually possessed by medicines of this character. That it is a nervous sedative there is no doubt, and experiments go to prove that its chief point of attraction is the vagus; and upon that nerve and its branches it exerts its wonderful power for good. Then by the most facile and ready method of reasoning, we may know where to locate diseases which may be targets for this wonderful sedative agent. In the devious meanderings of this mighty pneumogastric nerve, it reaches out its long and slender arms till it grasps no less than four distinct vital organs, viz., the lungs, heart, liver, and stomach. Therefore, when the natural functions of these organs are disturbed, especially when there is morbid excitation of their vital properties, we may rest assured that our remedy is indicated, and that its prompt and proper administration is sure to be productive of good results. Thus its active working powers are made manifest, viz., to lessen the frequency and force of the heart's action, and thereby cause a more natural circulation; to produce a gradual lowering of the temperature; and to bring about a diminished frequency in the movements of respiration; and consequent upon all this, by unloading engorged vessels and relieving tension, to allay pain. In addition to this nervous sedation, it is now known that it has some direct influence on some secreting organs, especially on the kidneys, the salivary and perspiratory glands, thus adding to its already mentioned greatness the power of throwing off through these emunctories certain morbid products generated by disease.

In an evening's paper it would be futile to attempt to individualize all the diseases to which this remedy is applicable. A few, however, deserve prominent notice. In affections of the heart, such as peri or endo-carditis, or valvular troubles, where a rest of its muscular workings is desirable, nothing can be of greater service than veratrum. The controlling of excessive action of the heart removes an exciting cause of inflammation, which is of course the first step toward making a permanent cure. In acute inflammation of the liver, where there is severe and lancinating pain—in fact, just such cases as in the

olden time demanded the lancet—veratrum is the remedy calculated to give almost immediate relief. In gastritis I do not favor its use, as it is possible that nausea may be produced, and the peristaltic action induced thereby might become a factor for evil, and thus the medicine be shorn of its remedial powers. In all anginous affections, when of a sthenic character, this remedy will, I believe, if used in the early stage, materially shorten their duration. In acute rheumatism its success has been wonderful, and in the various exanthematous fevers it has proved very serviceable. But, it is in inflammation of lung tissue, in pneumonia, that veratrum has won for itself a name that, if we are to judge the successes of the future by the successes of the past, will live as long as disease will continue to exist and medicines continue to be demanded. In reality, in this affection, it is the one bright star in the firmament of medicine. In my own hands so satisfactory has it been that I would to-day as soon think of treating intermittent fever without quinia as I would think of treating pneumonia without veratrum.

Now I do not wish to be misunderstood, and the impression be gained that I treat pneumonia with veratrum alone. It is, however, not within the province of this paper to speak of other remedies, but there is no language with which to express the relief given by this agent in the first stage of pneumonia, when the patient is suffering with an almost intolerable dyspnoea, a burning fever, and unbearable pain. A few doses will suffice to bring about a reduced circulation; the hurried respirations will become more normal; a parched and burning skin will take on a gentle moisture; and the agonizing sufferer will fall into a peaceful slumber, which can be appreciated only by the victim himself, and can only be imagined by the faithful medical ministrant who has, by his wonderful remedy, brought about this happy change.

Of its great utility in pneumonic inflammation, I can only refer to my own practice, where, as I said in the onset, this remedy has proved so satisfactory. I am sorry that I have not a tabular statement of the cases which I have treated. However, in my registry, which I have kept only since the time when it became a compulsory law to report all deaths, I find this fact: Of the whole number of deaths, reported since January, 1875, when the law became operative (a number which, by the way, I need not report to this critical society), there are recorded, in this period of time, amounting to nearly 8 years, but 4 fatal cases of pneumonia in individuals over 2 years of age.

That other remedies have proved equally efficacious

in pneumonia, I am not prepared to deny. I only know that they have not been so satisfactory in my hands. A gentleman, a member of this society, whose success, not only in pneumonia, but in all other complaints, is, I know, second to none in this city, informs me that he seldom or never uses veratrum. In a talk upon this subject, after leaving this room one evening not long since (and if he is present this evening he will readily recall the conversation), this gentleman made use of the following remarkable expression: "You may take your veratrum, and I will take my nauseants, and I will cure as large a percentage of cases as you do." Nauseants! If ye seek a nauseant, behold it here. His remark reminds me of the Irishman who said that he was so sick that he could not eat meat, but had to take beef all the time.

As regards the posology of veratrum I am not quite so heroic as many others. I do not believe in usually giving this medicine in larger doses than from 2 to 4 drops of Norwood's tincture, but at frequent intervals, which quantity generally gives the desired result.

In reference to combinations in which this remedy may be given, I must beg to differ with most published authorities. Especially do I take issue with my old friend, Prof. Bartholow, where, in his recent work on "Materia Medica," he says that "the effects of veratrum viride are counterbalanced by alcoholic stimulants, by opium, and by ammonia." My experience has proved the contrary of this assertion. I have for many years been in the habit of giving veratrum and opium in conjunction in rheumatism, and I have never, so far as I could observe, seen that one counterbalanced the effects of the other in the least degree. And in advanced stages of pneumonia, where there is general prostration, oppressed breathing, severe night sweats, even where it is approaching or has approached the third stage, and there is a loud demand for supporting treatment in the form of ammonia, if there is still a quickened pulse and hurried respiration, I do not hesitate to give the two medicines in combination, and this union is productive of good.

While I positively contend that these medicines are not incompatible, I do not claim that they are synergistic, but believe that each does its work separately and distinctly, without interfering with the physiological action of the other. In addition to my own opinion and experience, I am supported by Dr. J. Robert Ward, who first brought to my notice, and induced me to give veratrum a thorough trial. I am also sustained by no less authority than that of Prof. Lynch, of our own society (whose remarkable case he reported here a

few weeks since, of a patient who was comatose and almost moribund, but who was brought back to life and health by the combined use of veratrum and carbonate of ammonia). In this case great credit is due both to the *physic* and to the *physician*.

With this ample proof of their having been frequently and advantageously combined, I am reminded of an incident which occurred during the late war. A friend of mine, a resident of this city, and at the time of which I write a brigade commander, had occasion to place a subordinate officer under arrest. The officer, not thinking the offence sufficient, nor the General justifiable in his act, consulted counsel in reference thereto. His legal adviser, after looking over the law, and speaking of the arrest, said to his client, "Why, it can't be done." "Well," replied the other, "you may say all you please, 'It can't be done,' but I tell you he has already done it." So, these authors to the contrary notwithstanding, I say *we have already done it*.

In reference to the case of Prof. Lynch's, previously mentioned, while his treatment is so commendable, I must take exception to his claim for precedence in using veratrum and carbonate of ammonia in conjunction; and also for his claiming to be the first to discover that veratrum and opium could be used together without having the effect of the former modified by the latter. I had always prided myself on being among the first to so use them, which I did years before the doctor claims to have made the discovery in 1870. In addition to this, the very same idea is expressed in substance, if not in words, by Prof. Wood, in his "Therapeutics," in the edition 1860, where he says, "It [veratrum] may often be advantageously associated with opiates, which afford ease to the patient, *while the sedative remedy reduces the excitement*."* I am well aware that an idea, an invention, or a discovery may be purely original with an individual, while the same discovery, without his knowledge, may have been made by another, and at an earlier time. So, if we are to allow the doctor his claim of originality, I must be allowed the privilege of differentiating between originality and priority.

And now, gentlemen, in submitting this paper, I have not aimed to make it an exhaustive dissertation on veratrum viride, giving full accounts of experimentations, with a history of its alkaloids, etc., but my object has been to offer a plain paper with purely practical points. And although I may be an

* In 1854, when the editor of this Journal practiced in Florida, these facts were thoroughly recognized by all of the best practitioners of that State.—ED.

enthusiast on the subject, I am confident that every physician here, who is in the habit of prescribing this medicine, will coincide with my views in regard to its general efficiency. And if there are any present who are not in the habit of using it, if they will do so, and use it judiciously, I am certain that it will prove for them, what it has always been to me—a trusty friend in every time of need.

MODIFIED INOCULATION. By C. H. TEBAULT, M.D., New Orleans, La. In 1866, or at least in the first issue of the *New Orleans Med. and Surg. Journal* after the war, I contributed my article on "Modified Inoculation." You were kind enough in your journal, *The Richmond and Louisville Med. Journal*, to reproduce the said article. The *N. O. Med. and Surg. Journal* has passed into other hands since the date referred to, and numbers so far back are not to be had. I write to ask if you could not find space again for the article in question, as I presume you have an unbroken file of your journal in which this subject was presented.* I ordered at the time a number of this issue, and forwarded one to the United States Surgeon-General. His reply, which follows, may help you in the matter of date.

"WAR DEPARTMENT.

"SURGEON-GENERAL'S OFFICE,

"WASHINGTON, D.C., Aug. 10, 1872.

"DR. C. H. TEBAULT.

"*My dear Sir:* The Surgeon-General has handed me your letter of July 23d, and I have just found time to read your paper. I thank you for drawing our attention to it, and shall not overlook it when I come to speak of the history of small pox and vaccination during the late war.

"Your ob't servant,

"J. J. WOODWARD."

I have been steadily and successfully practising this operation ever since, but always upon willing and consenting subjects. Within the last six weeks I have operated successfully in every respect upon quite a number. The first case was Mr. Walshe, this city's Administrator of Finance; the second, Mr. Spearing, one of our largest and most popular livery stable keepers. These gentlemen remained at their busy posts of duty and met numbers of people daily. The third was Mrs. Johnson, whose husband was the old family physician of my father's family

in my boyhood days. She is on a visit to this city, and is sojourning in the midst of a numerous family. The fourth, my brother-in-law, a student of medicine, and attending medical lectures at the time, never losing a day. The fifth and sixth, two sons of my own, both attending school regularly. The seventh and eighth, two children, Charley and Florence Keller, residing at 427 St. Charles Street. The operation was first performed on Charley, and from his arm (he had never been vaccinated) to his little sister Florence's arm, and from her arm (the eighth case) inserted in that of Mamie Matt, residing on Poydras Street near Baronne Street. Getting the scab, which fell on the 23d day from Charley Keller, already above referred to, I employed this on the arm of Mr. and Mrs. Brown (Mr. Brown was the lessee of the St. James's Hotel, of this city, and is the owner and proprietor of the Blue Ridge Spring Hotel, of Virginia). From the same scab matter was inserted into the arms of Dr. Hortensius Purnell, of Memphis, Tenn., into three children (never before vaccinated) by the name of Wang, residing on Franklin Street near Josephine Street, this city, into a Mr. M. Powers, of Texas, into the arm of a little niece and a brother of mine, and on last Sunday into the arm of a little boy on whose body small-pox was advanced to the papular stage. To-day (Wednesday evening) I find the modified inoculation succeeding, and the small-pox eruption fading away, when, up to yesterday's visit, it was pushing forward in its usual rapid manner. I also employed the same operation on another little boy—a brother of the one just alluded to, residing in the same house and sleeping with the small-pox case. Then I have operated upon quite a number of cases recently. In the case of Mr. and Mrs. Brown, and Dr. Purnell, I cannot report success as yet, as on the two former I only operated yesterday, and on Dr. Purnell on day before yesterday. He left the following day on a visit to the country, and promised to return in the course of ten days. Dr. Purnell is the first doctor on whom I have performed this operation, and, strange to say, we were medical students together, passed our medical examination together, and served in the late war near one another, but had not met since the war until this winter.

I shall give my views more fully on this subject at a later day, but suffice it to say that modified inoculation "holds an intermediate position between inoculation proper and vaccinia, that it is perfectly safe, not communicated by atmospheric effluvium, that it is a never-failing remedy, and that it is in my judgment superior to both inoculation and vaccinia.

* The article will be republished with pleasure.—Ed.

SELECTIONS.

CROONIAN LECTURES ON TREATMENT OF PHTHISIS.

Delivered at the Royal College of Physicians, London. By JAMES EDWARD POLLOCK, M.D., Consulting Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

MR. PRESIDENT AND GENTLEMEN: When your kindness committed to me the charge of laying before you in these lectures some subject of more than passing interest to our practical profession, I had to consider whether I should attempt an addition to the knowledge we already possess, or, taking the standpoint of critical experience, and placing you upon it, I might not with more advantage review the labors of others, and the ever-varying features of opinion. In the former case I should have been able to add but little to the great mass of knowledge contributed by many observers, and by several whom I see before me, whereas in the latter I should but make an appeal to the experience and judgment of all, and if fortunate might not only give expression to the doubts and difficulties of some, but possibly afford more firm ground for conclusions on subjects of grave import to every practitioner of our art. This method of reviewing and taking stock of our knowledge has much to recommend it, provided it be not too frequently practised. There are transition periods in which it is a wise, almost a necessary, act of mental impartiality to look back and see both what has been *done* and *thought* by our predecessors. There is a natural proneness to a belief in the superiority of our own views to those who have gone before us. We are in fact their critics, and the critic always fancies himself higher than the criticised. We are the inheritors of their labors and their intellectual accumulations, and our first step as heirs is to value at what we think a just estimate the legacy of their knowledge. Of course every student has to place himself on a level with the past of that branch of science or art which he proposes to acquire; but every impartial critic has not only to know what has been observed and thought, but should study the causes which led up to the various opinions which he will find recorded. The art of which we are ourselves students is essentially transitional; it has derived its form and color from the errors as well as the wisdom of past generations, while occasional great leaders have stamped upon it the impress of their own genius and individuality. To see with any degree of clearness, as the great observers of the profession saw one or more generations back, we should, like them, emerge from the comparative darkness of the age in

which they lived, and from the mists of false teaching and imperfect science in which they were trained, into the light which emanated from their own genius. Around every one who has added something real to knowledge, there is a luminous atmosphere which enables him to see what others did not recognize, and to us living in the far distance of time it is not always easy to distinguish this increased illumination shed by genius from the more steady light of gradually increasing knowledge. What I mean is that the discoverer and propounder of a new theory or observations tending to reverse the opinions of the times is surrounded by a halo, into the zone of which we may scarcely enter, but which largely affected the results of his teaching at the time. Our medical knowledge, but especially our medical theories, have, as we know, received the impress of many a great name, and as successive generations continued to teach these doctrines, the whole community of the profession became impregnated with views of certain great masters. The advance of medical knowledge has ever been, as is indeed the case with all the sciences, a record of the work of many observers and laborers, but illuminated here and there by the genius of a few who from time to time stood out from the crowd generalizing the knowledge and opinions of the many, and thus became the representative of theories which were to bear their name, and give form and color to the knowledge of the day. It is, indeed, well for us that our art is transitional, and that we hold to no teaching which can be disproved; but these masters did a good work in crystallizing and so transmitting definite propositions for our reception or refusal.

Now, it is because our knowledge is essentially transitional and progressive that I venture to think I may occupy your time not unfruitfully in reviewing some of the changes of opinion through which we have passed, and are passing. I believe that we are now exactly in one of those periods of thought when some think that all old things are passing away, and "that all things must become new before we are nearer truth." I believe that the wisdom of past observers, which is only a synonym for their knowledge, is being slighted because it is old, and that the *eureka* of modern observers and theorists threatens to disturb much that is venerable, not alone from its age, but from its deep foundation in truth. I see in much of the present day a tendency to generalize from a few facts instead of accumulating great stores of evidence from which to deduce something like a general law. We cannot but recognize a tendency to refer all morbid influences to a few observed microscopical objects in diseased matter,

and from these to rush to a conclusion affecting the very roots of our social life that all such matter is transferable, and may be propagated from individual to individual. Much that was believed—nay, much which was proved—is brought up into the focus of argument, where theories are sometimes more prevalent than facts. We are almost asked to believe that all diseases have a common nucleus. In the midst of our modern light a disbelief has crept in of ancient lights, which, not the less, “were lights shining in darkness.”

It may be that the tendency of the hour is not to incredulity, indeed it is rather to an over-advanced faith in some things, but it is shaky on some ascertained points, and as all young life is mixed with imaginative speculations which tend to error. We have discovered some things, and much that is great and useful; we can prevent germs of disease from entering the system; we can prevent secondary infections, but it does not follow that all disease is of germ origin or that all secondary disorders are from septicæmic sources. We have by careful pathological work made it clear that many broken-down lungs have never had a trace of tubercle, while that many tubercular deposits have never broken up the lung structures, yet it does not follow that every case of phthisis is of inflammatory origin, or that innumerable cases do not progress from tubercle to caseation and softening and cavity with their known train of events. The contagiousness and inoculability of phthisis are now the received faith of many, and the treatment proposed has of course varied with the theory of the proposer. Some are sent to snowy heights, others to relaxing river-beds. Disinfectants and antiseptic remedies are more in vogue than nutrients, and surgical principles are applied to cavities in the lung. I mention these not to disparage them, but to justify my assertion that we are actually in one of those transitional periods when thought is rife on the subject of phthisis, its cause and its extirpation. In the days, sir, when you and I were students we found it difficult to get a word spoken about phthisis. It slew then, as it slays now, about one fifth of the adult population, but few lecturers spoke of it, and no student was examined on it. We never asked then if hæmoptysis were a cause or a consequence of any of the other events of phthisis; of the nature of its peculiar fever and waste; of the cause of its secondary disorders; of the retarding structural alterations which nature erects as barriers against its local mischief. But those have become subjects of investigation, and inquiry is awake, and good, and not evil, must be the result. There is doubtless no disease so hopeless in its progress and results

that we shall not find it to be capable of alleviation or prevention, and the prospect is not bad for an improved knowledge where there are so many inquirers. It is from stagnation of opinion, hopelessness of more knowledge, that the thoughtful mind recoils as from the dearth of all improvement in our art.

These form some of the considerations which have weighed with me in selecting “Phthisis, its Modern Theories and its Modern Treatment,” as the subject of these short lectures. The young among us will not hesitate to reconsider the researches and opinions of former great men, while the older may excuse a reconsideration of questions with which they are already familiar, from the vast importance of the results, if results we are to have from newer teaching. It is also evident, as is indeed the case with all medical subjects, that this disease does not stand alone, that it is impossible to isolate it from considerations of general pathology, and that the laws which regulate its progress and results are conditions common to many diseases. There is here no special pathology, as there should be no special treatment; and we may well quote the well-known saying of one of the most thoughtful of our predecessors, that “it demands a higher discipline than any mere knowledge of auscultation rightly to comprehend it.” I propose to consider briefly, then, the older doctrines of phthisis, and to compare them with the later; to point out the morbid changes, their causes, and their relation to the progress of the affection; to inquire into the causes of the secondary disorders, and to consider what has been advanced as to the germ origin of phthisis, and the evidence in existence as to its contagiousness. I shall also ask, as arising from these considerations, how its treatment is to be guided; on what principles we should advise the various climates; and whether the local disease in the lung be the main condition to combat, or if we are to rest contented with remedies of a nutrient and general character. If in this review I should appear to generalize rather than to descend into too much detail, you will, sir, I hope, attribute it to the largeness of the subject, and to a desire to bring before you such salient points as come in prominent relief before each of us in daily practice. I am also addressing, and with much secret diffidence, an audience most highly informed on this very subject, many of whom are the advanced pioneers of our knowledge.

Reviewing the literature of phthisis from the earliest times of which we have any record, we may say that the Greek word for *waste* expresses the idea of the disease when it was uppermost. The wasting of the bodily tissues was the earliest, the latest,

and the most marked symptom of the disease throughout. It became evident before cough and expectoration, it fluctuated with the patient's other conditions, and it ended by exhausting him to the grave. We know now from auscultatory signs that this waste is greatest when the morbid product in the lung is breaking up, but before stethoscopes were invented the fact could only be proved by the increased amount of expectoration which then occurred. Fever, indicated by chills, heats, and sweatings, also coincided with increased waste of tissues. The correlation of these symptoms with waste was not understood. We now know that the waste itself and the débris of tissue poured into the blood are direct causes of the high temperature, and that there is a strict coincidence between three conditions—(1) active lung irritation, (2) tissue waste, and (3) high temperature. But we may take it that the ancient view before stethoscopes was that waste was the leading and most incorrigible symptom.

It remained for Laennec, Bayle, and their followers to describe and map out by physical signs the nature and amount of lung disease. We are familiar with their teaching. The gray miliary tubercle deposited sparsely or thickly in portions of the lung underwent degenerative changes. The masses caseated, ran together, softened, and in their softening broke down the surrounding tissues of the lung, strangled its nutrient bronchial as well as the pulmonary proper vessels, cut off the circulation, and caused the death of the part. A cavity more or less irregular in size and shape resulted. Inflammatory products surrounded and were a consequence of this softening and disintegration. The secondary congestion so commonly observed in advancing cases of disease at the base of the same or opposite lung were fresh deposits of tubercle, only to be accounted for by the lowered constitutional state of the patient—the tubercular cachexia, as it was called. He got an unhealthy inflammation, involving all the tissues of the lung, though why he should have had any affection of the opposite lung does not appear from Laennec's reasoning. In like manner the well-known changes in the intestines causing tubercular inflammation of the mucous glands took place, and diarrhœa precipitated the fatal issue. The constitution or diathesis in which this occurred was called scrofulous, and glandular swellings tending to slow inflammatory change and caseation took place in the cervical, mesenteric, and other lymphatics. These, like the tubercle in the lung, were the secondary results, so to speak, of a primary cachexia or constitution and of the tubercular habit. I take it that this is a fair description of the theories of Bayle and

Laennec. After an investigation of many thousands of cases of phthisis I do not think it can be taken to account for all the phenomena of that disease, but this I shall again notice. What the discoverers of auscultation did prove was this. They recognized certain morbid changes in the lung which they called tubercle. They noticed its physical alterations and its tendency to degenerate, and they gave us a means of defining and even measuring the progressive destruction of lung tissue, which resulted as these masses softened and involved the surrounding parts. I do not know that auscultation has added much to what Laennec taught us about phthisis. He was wonderfully accurate and perfected physical examination in a marvellously short time. What more do we know now of the signs of cavity or of pneumothorax than the knowledge he left us? We have refined on his teaching no doubt, especially in the diagnosis of incipient disease, and some phenomena of effusion into the pleura and pericardium, but he gave us a masterly method of identifying changes of lung structure. Nor was his pathology at fault. He did not go far enough. So far as his description of tubercle goes it is verified by daily practice, but it was all tubercle with him. He did not allow cases of phthisis which were originated in inflammatory change, and in which there was no tubercle at all. It would be unjust to the memory of Addison not to point out that he in England was the first to hold that inflammation is an occasional and common cause of phthisis. His beautiful illustrations are accurate pictures of the results of inflammatory change. There is, then, a phthisis without tubercle, and in many post-mortem examinations no tubercle is to be found. Again, the secondary deposits of tubercle, which often surround old inflammatory products breaking up in the lung, do not appear to have a fair place in Laennec's descriptions. The secondary congestions in the base of the same or the opposite lung were regarded as fresh tuberculous attacks, and the mechanical theory of morbid matters carried and deposited on the pulmonary tissue is modern, and found no place in his work. The influence of hæmoptysis, as now recognized by many, cannot be said to have been noticed fairly by the French school. The mechanical effect of effused blood insufflated into the pulmonary tissue, and forming clots which lose color and become encysted or undergo the changes of caseation, were no doubt often mistaken for tubercle.

Again, in criticising the French school of that period by the light of experience at the bedside, I fail to discover in their teaching the division of cases, according to their progress and duration and

according to the structure of lung invaded, and the changes of a fibroid nature undergone. This I hold to be entirely due to the modern English school. In Laennec's time a cavity in the lung meant the third stage, the final consummation of the disease, the almost immediate death of the patient, and the abandonment of all hope. We now sit down to treat cases of cavity, to promote their shrinking, to diminish their secretion, to attack them surgically and drain them, and some of the most prolonged instances of invalid life with which I am acquainted are in persons with a single cavity in the lung. I had one such case under my notice for thirty years, many for periods of ten and fifteen years; and I have no doubt that the experience of all of us will bear out this statement.

Again, the whole series of chronic changes in lung tissue which have been called fibroid, and in which the lung is condensed and contracted and fresh fibroid tissues developed throughout its structure, extending in bands from the thickened pleura, closing up old cavities, strangling its blood-vessels, and leaving, in fact, only bronchial tubes which undergo dilatation, this condition, which supervenes more or less in every case of chronic phthisis, and which often prolongs life indefinitely after the patient has undergone thickening of the lung, softening of tuberculous or inflammatory deposit and cavity, had not been described till modern English observers depicted it.

In contrasting more recent views and observations with those of the Laennec period, there is one of surpassing importance which seems to pervade the theories of all lung affections, and its consideration leads us to review the modern German pathology. There was so much of form, consistency, and precision in the French doctrines. It was so convenient to have found one single element, tubercle, with definite form, and history which underwent changes uniform and calculable, to each of which a stage of disease might be assigned, and from which the duration and result might be calculated, that it is easy to see now why it was accepted both by pathologist and practitioner. To the former it was a concrete idea, a unique morbid product, recognizable by its history and its appearance; it had a definite life or underwent changes, sooner or later, which converted it either into cheesy or chalky matters, and if a new crop appeared a like process could be predicted; while to the practitioner it was also a definite quantity; he could explain it to his patients' friends, and appear to be precise where, perhaps, he was not quite true! But to the whole profession, and to the public, its very precision and the known and invaria-

ble course which tubercle follows when once established in the lung, stamped it as incurable and hopeless. Now, this state of things was the death of all progress in medical knowledge and the stagnation of all hope of a remedy. The very precision with which the malady was known rendered investigation useless and advances impossible. It will be in our memory, however, that out of this hopeless mass of cases, all of one gloomy aspect, there stood out certain ones which refused to follow the given course to death, in whom, if there were tubercle, it neither killed nor prostrated them. Persons were known to live for years with cavity in one lung, and eventually, perhaps, to die of something else. Was it then possible that if this tubercle always runs a certain course there may not be other morbid products in the lung giving rise to the symptoms and signs of phthisis, which run a different course, some of which may tend even to recovery, and others simply to alter lung structure, but not to destroy it? I doubt not but that some such reasoning as this struck anxious observers who were sick of regarding the sphinx of phthisis, and, unable to answer its questions or account for all its phases on the old French theory, were not content to be absorbed by the problem, but rather received a new impulse toward its solution. The modern German mind, pretty commonly in opposition to the French, rushed at once to the conclusion that if there be such a thing as tubercle, its presence was only an occasional result and not a primary cause of phthisis. Tuberculosis is a danger incurred by the phthisical, but the disease is seldom initiated by it. All Laennec's teaching was wrong. Tubercle was not a new growth of specific nature which formed the essence, so to speak, of phthisis. The cheesy transformations so commonly found in consumptive lungs did not result from tubercle; they might be due to many causes, but chiefly to inflammatory products. That bronchial, peribronchial, and pneumonic deposits often pass for tubercle; that the miliary form is the only tubercle; that those masses of infiltrated lung which Laennec called "stuffed" with tubercle are really masses of inflammatory products, the result of catarrhal pneumonia; that in many cases there is not a single tubercle in phthisical lungs. Then as to the origin of the disease, Laennec had been precise in assigning it to a constitutional cause; it never arose out of acute or chronic pneumonia; hæmoptysis is never a cause, though a frequent result, of phthisis. It never arose out of a catarrh or neglected cold, a bronchitis developing phthisis being not a primary genuine cold, but catarrh caused by irritation of the lung from already existing tubercle. His mistake was not

that tubercle is a new growth, but that condensations of lung which have quite a different origin are also products of a development of tubercle. In enunciating these startling propositions the well-known German, Niemeyer, naïvely remarks that "pathological anatomy is in advance of clinical medicine." Well for its truth if it be not sometimes in opposition to it ! In estimating the influence of the various theories of phthisis on its treatment, I shall have occasion to call your attention further on to this opposition in views, and to ask you whether, in your observation, phthisis arises from neglected colds, or whether the catarrhal symptoms have become developed in the course of the phthisis ?

PROCEEDINGS OF SOCIETIES.

NORTH TEXAS MEDICAL ASSOCIATION met in Knights of Honor Hall at Paris, Texas, March 22d, 1883. Dr. J. B. Stinson was installed as president. He, in a brief way, gave a synopsis of the workings of the association, stating that the association was organized Jan. 20th, 1880, with a membership of seven, which had increased to the present time to one hundred and twenty. There had been seven deaths. Eighteen subjects had been presented by appointment, viz.: Typho-malarial fever, puerperal eclampsia, pneumonia, cholera infantum, hysteria. The symptoms that justify Cæsarean section, dysentery, phthisis pulmonalis, leucorrhœa, stricture of male urethra, inguinal hernia, placenta prævia, inter and remittent fevers. Twenty-nine regular reported cases (besides many verbal). Most notable operation for strangulated hernia in a man seventy years of age with recovery, tracheotomy with recovery, removal of fibula for necrosis, calculus removed from urethra of boy four years old, operation for lacerated perineum of three years' standing, carcinoma of stomach, removal of tumor from pancreas, encephaloid cancer removed from superior maxillary, the Texas Siamese twins with operative procedure for delivery, and a case of gastrotomy.

The regular Committee on Practice being called, Dr. Coffey presented the subject, pneumonia, taking the grounds that it was constitutional and self-limited. Treated acute stage with sedatives, tartar emetic, aconite or digitalis, and opium. Second stage quinine and supportives. Third stage, supportive. Dr. Carlisle reported a case where he thought venesection had marked good effect ; that in this climate he believed malaria to

always be a complication, hence quinia was always indicated.

Dr. Wells. Many cases are strictly local—*i.e.*, exposure to sudden changes while the body is warm ; the action of sudden cold checked the secretions, causing shock, etc. He treated with opium, diuretics and diaphoretics in first stage, believing a decoction of the yellow butterfly-root (silk-weed) the most efficient. Second and third stages used quinia and supportives. Dr. Fort claimed pneumonia to be an essential fever, else why do the rigor and fever precede the signs of inflammation of the lungs. Used blistering freely in first stage. Quinia, digitalis, and supportives in the second and third stages.

Dr. Hancock believed it to be strictly accidental and not of constitutional origin, and that nearly all cases were more or less complicated with pleurisy.

Dr. Bedford believed the disease local, and could be aborted in first stage by large doses of opium and counter-irritation.

Dr. Stinson, that cold and heat played their part, exposure to sudden cold, during sweating stage from overheat, checking too suddenly the secretions, causing shock, and predisposed to engorgement. Dr. Hooks asked, Why was the disease most common with old people who were confined to the house and not exposed ? Dr. Stinson : Their habits of uniform temperature made them more susceptible, that a less degree of cold would produce the same effect.

Committee on Obstetrics and Gynæcology being called, Dr. Bedford presented the subject, The Lying-in Room, which was discussed freely by the members. Chloroform during second stage was generally favored. Dr. Fort extolled the use of the forceps in inertia of the uterus and retarded labor ; stated he never attended a case without them ; that their proper application could do no harm, and in many cases saved a difficult labor from the accidents then presented. He believed that ergot had produced more still-born babies and injured more mothers or, as he expressed it, had destroyed more lives, than any other poison known—that it was malpractice to use it in the second stage of labor. The forceps would accomplish all that ergot could, and the poisonous effect on the child is done away with. He did not object to small doses, after the birth of the child or just preceding—*i.e.*, before its effect could possibly reach the child ; he believed that it acted as a direct poison on the child, though possibly by causing too strong contraction of the uterus, compressing the cord.

Dr. Johns read a paper on the subject, recommending chloroform in second stage of labor and antiseptic washes in third stage, both of which were generally concurred with. Several of the members

took issue with Dr. Fort, claiming him too extreme both in the use of the forceps and his denunciation of the use of ergot.

President Dr. Stinson called Dr. Johns to the chair, and read reports of cases of monstrosity, also a case of vaginal atresia with operative procedure.

Dr. Rush read a report of eight cases of enucleation of eye with causes that led thereto, as well as indications requiring, operation.

Letter from Dr. E. S. Gaillard, editor of *GAILLARD'S JOURNAL*, extending his well-wishes for the success of the association, speaking in complimentary terms of the physicians of Texas, and offering the use of the columns of his journal for publication of the proceedings of the association. Resolutions of thanks were extended to Dr. E. S. Gaillard for his complimentary expressions, and the generous offer of the use of his journal, and the secretary was requested to prepare a synopsis of the proceedings and forward to his journal. S. E. BRAMLETTE, M.D., Secretary.

NEW YORK ACADEMY OF MEDICINE. Stated Meeting, March 1st, 1883. FORDYCE BARKER, M.D., LL.D., President, in the chair.

Dr. Kearns, of Pittsburg, was invited to take a seat on the platform.

Dr. Laurence Johnson related a case illustrating the possible dangers of intra-uterine injections by the use of Chamberlain's tube. The case was one of puerperal fever, for which he made intra-uterine injections during about a week from the third day after delivery. The greatest care was exercised in the introduction of the tube and in regulating the force of the injection. No accident happened until about the sixth day, when, after having exercised the usual care, the tube on being withdrawn was found to be stained with blood, and a little bleeding followed. The patient had a chill, the temperature went up nearly to 107° F., the pulse to 160, and this condition continued for two or three hours, and then subsided. The patient had done well since.

The President remarked that within the past few years he had occasion frequently to express a word of caution to those whom he had met in consultation, with regard to the continued use of intra-uterine injections in the treatment of septicæmia and puerperal fever beyond a certain period of time. It was well known that the uterine sinuses were ordinarily closed within three or four days after delivery. It had happened to him several times to see cases where the evidence had been conclusive to him that injections with the Chamberlain tube, a most excellent and useful instrument, had been continued too long, and, for this reason, that the uterine sinuses, after having be-

come closed by nature's methods, were reopened, and a channel was made through which absorption could take place, and the uterine injection had in some cases, he believed, been the source of reinfection.

The scientific paper of the evening was then read by Dr. Isaac E. Taylor, on "The Naturally Faulty or Contracted Pelves; with the History of a Case of Labor, the Non-delivery of the Child and the Death of the Mother, after Craniotomy and Cephalotripsy.

The faulty or contracted pelves to which the author referred included the equally contracted, or justo-minor, the infantile or immature, and the masculine or funnel-shaped.

The patient, the history of whose case he related, was 29 years of age, a primipara, whom he saw on July 28th, 1882, in consultation with Drs. Waterman, Judson, and others. At that time the pains were of short duration, occurring at intervals of ten minutes; the os was dilated to about the size of a half-dollar. The head was in the left occipito-anterior position. Ergot caused little advance. One third of a grain of morphine hypodermically gave the patient some rest. The next morning the os was widely dilated. The head was still at the brim. The forceps were applied by Dr. Simmons, but without effect. Dr. Judson then made an unsuccessful attempt at version. Craniotomy was performed in the afternoon, while the head was at the superior strait, the transverse diameter, brow presentation. The cephalotribe was then applied, and the brain was more freely evacuated. Traction was made for fifteen or twenty minutes, but no advance was made. On examination immediately afterward, the cranium was found to have resumed the shape it presented before the instrument was applied—a fact which Dr. Taylor believed to be of not unusual occurrence. A long narrow-bladed forceps was applied, the head more securely fixed, and a right-angled blunt hook was inserted into the child's mouth. Meigs's embryotomy forceps were applied, and they succeeded in bringing the head into the inferior strait, and finally delivering it, at 6 P.M., after three hours' trial. Dr. Taylor believed that they had to deal with a generally contracted or faulty pelvis. The canal was so completely filled by the body of the child that it was impossible to make use of any means by which to bring down the arm. After an hour spent in ineffectual attempts at extraction of the shoulders, the mother expired at 7 P.M.

In his remarks upon the case, Dr. Taylor expressed the belief that the equally contracted pelvis occurred more frequently than those forms generally considered to be due to some vice of constitution, as rachitis, malacosteon, etc., to which far more attention had been paid hitherto by the pro-

fession. But, while the deformity was met with much more frequently than was supposed, as a general rule it gave no positive evidence or even suspicion of its presence before labor. The funnel-shaped and the equally contracted pelvis had been regarded, along with the infantile form, as due to an arrest of growth or to some impairment of the constitution; but, as a matter of fact, it was exactly the reverse, the bony union taking place at an early age and being indicative of a healthy, not an impaired, constitution. That the equally contracted pelvis did not necessarily go with smallness of stature was evident in the fact that many women of deficient stature gave birth to well-developed children with comparative ease. This fact was illustrated in the case of a girl, twelve years of age, who some years ago at Bellevue Hospital gave birth to twins without the least amount of trouble, labor lasting not longer than an hour.

Velpeau had made the remark that he had not known of a case in which the form of pelvis under consideration had offered any serious obstacle to delivery, but within a few years afterward he met with two cases, in one of which the patient died under delivery, and in the other Cæsarean section had to be performed. Many cases of difficult labor, in which the obstacle to delivery was probably attributed to the large size of the child's head, to imperfect ossification, to largeness of the shoulders, or to other causes, and in which instruments had to be resorted to in effecting delivery, were probably cases of unrecognized equally contracted pelvis.

The diagnosis of the equally defective pelvis was hardly ever made before the necessity for the use of instruments was recognized at labor. The position of the head might aid somewhat after delivery. Some knowledge might be derived from the form the cranial bones had assumed, an excellent illustration of which fact was seen in the specimen presented. The author attached little practical value to the various methods of pelvimetry which had been proposed. Probably the most accurate estimate could be formed by the introduction of the whole hand into the pelvis. If the hand could not be rotated freely, it might be assumed that the diameters were not equal to those of the normal pelvis. The most useful method for the measurement of the outlet was probably that of Breisky.

With regard to procedures, the use of the forceps was almost totally or entirely impracticable. If craniotomy had been performed, version might possibly succeed. If the case were seen early, while the head was resting in the pelvic cavity, Cæsarean section might be performed; otherwise laparotomy or symphyseotomy would be the operation

which he would select—preferably that of symphyseotomy.

DISCUSSION.

Dr. E. A. Judson, who had seen the patient, reviewed the clinical history of the case, and spoke of the difficulties which he encountered in the attempt to perform version. One of the most interesting questions which had arisen in his mind in connection with the case was the possibility of making the diagnosis of the existence of a faulty condition of the pelvis. The restrictions which Dr. Taylor had put upon the value of the different methods of pelvimetry seemed to him to be just. He referred to the method of Carl Schroeder for determining what he called the diagonally conjugate diameter by passing the two fingers so that the ulnar surface of the middle finger should rest against the promontory of the sacrum, then measure on the index-finger the distance between this point and the pubic arch. This diameter having been obtained, it usually bore a certain relationship to that of the other diameters of the pelvis. He believed that some information might be obtained by abdominal palpation. With regard to external pelvimetry, Baudelocque's method was probably the best.

Dr. E. L. Partridge had observed that in the cases of this form of faulty pelvis in which he had found it necessary to perform craniotomy and cephalotripsy the subject had menstruated at quite an early period, and he thought this clinical fact might have some relation to the early ossification of the bones of the pelvis, and prove of some value, when it existed, in leading us to suspect that such deformity of the pelvis might be present. It had been observed in not a few cases that a difficult first labor had been followed by labors comparatively easy; and this might perhaps be accounted for by the fact that the deposit of salts of lime in the bones of the infant of a primipara was greater than in that of a multipara. He had found that the application of the cephalotribe after the delivery of the head was of aid in the delivery of the shoulders.

Dr. H. J. Garrigues thought that the diagnosis of faulty pelvis could be largely made out by external methods, one of the best of which was that of Baudelocque. He had found it easier to measure the transverse diameter of the pelvis than the conjugate. With regard to operations, he should consider them preferably in the order mentioned: first, gastro-elytrotomy; second, under certain circumstances, Cæsarean section, not according to the old method, but according to the methods more recently described in monographs; third, Porro's operation; and, last of all, total extirpation of the uterus.

The President called attention to the important practical point that the general form and size of the patient furnished very slight indications with regard to the pelvic conformation. Doubtless all had been consulted more or less frequently by persons somewhat defective in figure with regard to the probability of their going through labor with safety. He had not infrequently known persons under five feet two inches in height to have a perfectly formed pelvis and to give birth to healthy and even large children. Again, he had frequently been consulted by those who in early life had suffered from antero-posterior and lateral curvature of the spine, and probably also from hip-joint disease, with regard to whether it were probable they could go through labor, and in some cases he had made a careful examination by the various means alluded to by the author of the paper, and had been enabled to form a pretty accurate estimate as to the pelvic diameters and the probable result of labor, but not always; oftentimes he found it impossible to do so. Some years ago, a physician brought a lady to his office who had both lateral and antero-posterior curvature of the spine, and who in early life had also had hip-joint disease, and she was then at about the fifth month of pregnancy.

He could discover no deformity within the pelvic cavity. Afterward her physician wrote him that she had given birth to a child weighing ten pounds and a half before he could arrive at the bedside, the entire duration of labor being not more than two hours. On the other hand, a woman of handsome figure, large in size and well formed, had been delivered with the greatest difficulty, after craniotomy and cephalotripsy, by a celebrated French accoucheur, and was six months in convalescing. In a subsequent pregnancy Dr. Baker induced labor at five months and a half. Three years later, becoming pregnant a third time, and being anxious for an heir, her physician allowed pregnancy to go on until the seventh month. Labor was then induced: rupture of the uterus occurred, and the patient died undelivered. The President thought we should be extremely cautious in promising a favorable result in any case, even after making a most careful examination, for it was not always possible to determine the exact state of the pelvis.

Dr. Taylor, in closing the discussion, directed attention to the subject of the naturally faulty or contracted pelvis from a gynæcological point of view, and said he believed that this condition was the cause of many cases of uterine displacement which had erroneously been attributed to disease in the womb itself.—*Medical Times*.

DISPENSATORY OF THE UNITED STATES OF AMERICA.

By WOOD AND BACHE. Fifteenth Edition, rearranged, thoroughly revised, and largely rewritten by H. C. WOOD, M.D., JOSEPH P. REMINGTON, Ph.G., and SAMUEL P. SADTLER, Ph.D., F.C.S. Philadelphia: J.B. Lippincott & Co., 1883.

For more than a generation past, every student who graduated was advised to buy Wood and Bache's Dispensatory, if he could purchase nothing more. It has been the *vade mecum* of every practitioner, more valued than, perhaps, any other book in the library. Every edition has been an improvement upon the one preceding it, and the volume has grown in value and scope, as it has grown in bulk and popularity. It has now reached its fifteenth volume, has become encyclopedic in size and appearance; and is published for eight dollars only.

Dr. H. C. Wood, a nephew of the late Geo. B. Wood, aided in the revisions of the three preceding editions. His share in the present issue has been to revise the sections treating of Medical Properties and Uses, Botany, and Materia Medica.

Professor Remington had in charge the sections relating to Pharmaceutical Chemistry; also the part treating of Pharmacy, which in this edition is almost entirely new. To him fell the delicate work of making the calculations to adapt the officinal formulas by weight to ordinary measures.

Professor Sadtler was given the parts of Theoretical Chemistry and Toxicology.

The novel features of the fifteenth edition are as follows: The pronunciation of the officinal titles is indicated by diacritical marks; chemicals are followed by their symbols according to both systems; the directions given by weight for liquids in the Pharmacopœia are followed by the equivalents by volume in brackets; the foreign synonyms are more complete and numerous; a complete list of analyses of American mineral springs and of some European springs is given; a number of illustrations have been added, those representing microscopical sections being, on account of their accuracy, of special usefulness to students; parts first and second of the last edition have been cast into one, arranged in strict alphabetical order, and the second part now treats of unofficinal medicines; finally a most excellent index of some sixteen thousand references ends the volume.

NEW YORK COUNTY MEDICAL SOCIETY.—At the February 26th meeting of the County Medical Society Dr. C. Heitzman read a paper on "The Nature of Tuberculosis: Its Transmissibility and its Parasitic Origin." He described the appearance and anatomical

structure of tuberculosis, and then went on to speak of the diverse views that have prevailed, and still prevail, as regards the infectious nature of the disease. Experiments, he said, had only served to confuse the professional mind on this subject, as after a Frenchman had published to the world his discoveries that animals inoculated with tuberculous matter were soon attacked with tuberculosis, German experimenters found that rabbits and guinea-pigs developed tuberculosis after having merely bits of wood, glass, aniline dye, and other substances injected under the skin. More than that, it was shown that simple injuries sometimes produced tuberculosis in these animals. But Dr. Heitzman remarked that the force of these experiments was somewhat weakened by the fact that these animals, after long confinement, especially in laboratories, seemed to be particularly predisposed to tuberculosis. In concluding, he referred to the discovery by Dr. Koch, of Germany, of bacilli in tuberculous matter, and said that this seemed to throw new light on the subject. Nevertheless, Dr. Heitzman was disposed to doubt the theory that the disease is infectious. It was a problem yet to be solved, he said, whether bacilli are the cause or merely a product of tuberculosis. He also made a highly complimentary reference to the Cartwright lecture on the subject of Dr. Koch's discovery, delivered by Dr. W. T. Belfield, of Chicago. Dr. Belfield's lecture had taken the wind out of the sails of what he intended to say on this branch of his subject.

Dr. Belfield, who was invited by the president, Dr. David Webster, to open the discussion on Dr. Heitzman's paper, was not disposed to coincide with the latter as to the confusing nature of the experiments on the subject. He reminded Dr. Heitzman that the very German physicians whom he had cited as having proved by their experiments that the rabbit and the guinea-pig, inoculated with almost any extraneous substance, would develop tuberculosis, had afterward found that this was almost exclusively true of individual animals that had been long in confinement, and whose physical condition was more or less impaired thereby. And he pointed out also that those experiments which resulted in the development of tuberculosis from inoculation with merely extraneous matter had been conducted exclusively in laboratories where tuberculous matter had been in almost constant use for long periods of time in the prosecution of other experiments. There was no telling, he said, but that the wood, glass, aniline, or other matter used had in some way or other become contaminated with the tuberculous matter. For when these same physicians repeated these same experi-

ments with merely extraneous matter at their own residences, on rabbits or guinea-pigs recently captured, tuberculosis failed to develop itself. And it was due to these latter experiments that one of the physicians referred to finally adopted the theory of the infectious nature of tuberculosis. Dr. Koch, on the contrary, had shown that animals, such as the dog, cat, and rat, not naturally predisposed to tuberculosis, had invariably developed tuberculosis when inoculated with tuberculous matter. The experiments of the German physicians with merely extraneous matter on healthy individuals of those classes of animals particularly predisposed to tuberculosis really tended in a most striking manner to confirm the conclusions of Dr. Koch. They also suggested another consideration, that different individuals of the same species were more disposed than others, by reason of physical condition, to the same disease. But, he continued, tuberculosis occurs spontaneously in some instances. So also do diseases that are well known to be infectious—pyæmia, for example. Many physicians and medical students are known to have contracted the disease through abrasions on the hands or fingers by contact with pyæmic patients, while other persons have developed pyæmia from simple injuries without any contact whatsoever with pyæmic poison. But in every case the specific pyæmic poison was present. He held that tuberculosis presented a parallel case. Whether bacilli were the cause or a product of tuberculosis would not be accepted as settled by the medical world until future experiments have disproved or confirmed Dr. Koch's views.

Dr. Jacobi concurred with Dr. Belfield in the opinion that tuberculosis was infectious.

MEDICAL NEWS.

A SOUTH CAROLINA GIANT.—A correspondent writing from White Oak, Texas, gives a rambling and rather incoherent account of a visit to Henry Clay Thurston, a giant living in Titus County. The giant is seven feet seven and a half inches in height, has a foot 13 inches long, wears No. 15 shoes, and the size of his hat is $7\frac{1}{2}$, showing that his head is small in proportion to his height.

A GREETING TO DR. HOLMES. — *The Banquet Given by the Physicians of New York. A Brilliant Gathering at Delmonico's, a Poem by the Distinguished Guest, and many Pleasant Speeches.*—The complimentary dinner tendered to Dr. Oliver Wendell Holmes, at Delmonico's, April 13th, by the

medical profession of this city, was a noteworthy banquet. The decorations of the room were very simple, consisting simply of cut flowers and potted plants distributed over the tables. At the raised dais Dr. Fordyce Barker presided. On his right sat the honored guest of the evening, Dr. Oliver Wendell Holmes, and on his left the Right Rev. T. M. Clark.

The party entered the dining-room at 7:30 o'clock, Dr. Fordyce Barker, escorting Dr. Holmes, leading. Three hours were passed in discussing the feast provided, the last article of which was a telegraphic despatch sent to each guest from Boston. On one side of this mysterious missive was a picture representing Dr. Holmes fleeing from the Tewksbury Almshouse, and Dr. Barker ringing him into the hospitable doors of "Barker, late Delmonico." On the other were the following verses :

"The dinner-bell, the dinner-bell
Is ringing loud and clear,
Through hill and plain, through street and lane,
It echoes far and near.

"I hear the voice! I go! I go!
Prepare your meat and wine!
They little heed their future need
Who pay not when they dine." O. W. H.

While the guests were yet sipping their coffee, Dr. Fordyce Barker, the president of the evening, rapped gently on the table with the solid end of a bottle, and when the hum and bustle in the room subsided sufficiently to enable him to be heard, he addressed a cordial greeting to the genial autocrat of the breakfast-table who sat at his right. He said that the tempting abundance of the dinner had taken up so much of the company's attention that he felt constrained to condense his speech into a few brief words. He never could make a pretty speech to a man or a woman when alone with either(?) Every person present knew the reason of the happy assemblage, and also how well the distinguished guest deserved any ovation that might be tendered to him. In behalf of the large company Dr. Barker bade Dr. Holmes thrice welcome, and assured him that every participant in the dinner thoroughly appreciated the honor of his presence. Dr. Andrew H. Smith supplemented Dr. Barker's brief remarks by reciting a humorous original poem of greeting. He closed by hoping that the venerable guest of the evening might be like his traditional one-horse chaise, never to break down, never wear out—

"Not feeling the weight of the years as they fly,
Simply stop living when ready to die."

Dr. H. D. Noyes was announced as the toast-master, and his reading of the subject of the first toast, "Our Guest," was the signal for a vigorous

outburst of enthusiasm, all of the gentlemen rising to their feet and following the quaffing of their wine by three hearty cheers.

The Guest's Response.—Dr. Holmes arose in his place, and while the large company listened with most enjoyable attention, he read in a graceful and expressive manner the following poem :

Have I deserved your kindness? Nay, my friends,
While the fair banquet its illusion lends,
Let me believe it, though the blood may rush
And to my cheek recall the maiden blush
That o'er it flamed, with momentary blaze,
When first I heard the honeyed words of praise;
Let me believe it while the roses wear
Their bloom, unwithering in the heated air;
Too soon, too soon their glowing leaves must fall,
The laughing echoes leave the silent hall,
Joy drop his garland, turn his empty cup,
And weary Labor take his burden up.
How weighs that burden they can tell alone
Whose dial marks no moment as their own.

Am I your creditor? Too well I know
How Friendship pays the debt it does not owe,
Shapes a poor semblance fondly to its mind,
Adds all the virtues that it fails to find,
Adorns with graces to its heart's content,
Borrows from love what nature never lent,
Till what with halo, jewels, gilding, paint,
The veriest sinner deems himself a saint.
Thus while you pay these honors as my due
I owe my value's larger part to you,
And in the tribute of the hour I see
Not what I am, but what I ought to be.

Friends of the Muse, to you of right belong
The first staid footsteps of my square-toed song;
Full well I know the strong heroic line
Has lost its fashion since I made it mine;
But there are tricks old singers will not learn,
And this grave measure still must serve my turn.
So the old bird resumes the self-same note
His first young summer wakened in his throat;
The self-same tune the old canary sings,
And all unchanged the bobolink's carol rings;
When the tired songsters of the day are still
The thrush repeats his long-remembered trill;
Age alters not the crow's persistent caw,
The Yankee's "Haow," the stammering Briton's "Haw;"
And so the hand that takes the lyre for you
Plays the old tune on strings that once were new.
Nor let the rhymester of the hour deride
The straight-backed measure with its stately stride;
It gave the mighty voice of Dryden scope;
It sheathed the steel-bright epigrams of Pope;
In Goldsmith's verse it learned a sweeter strain;
Byron and Campbell wore its clanking chain;
I smile to listen while the critic's scorn
Flouts the proud purple kings have nobly worn;
Bid each new rhymer try his dainty skill
And mould his frozen phrases as he will;
We thank the artist for his neat device;
The shape is pleasing, though the stuff is ice.

Fashions will change—the new costume allures,
 Unfading still the better type endures ;
 While the slashed doublet of the cavalier
 Gave the old knight the pomp of chanticleer,
 Our last-hatched dandy with his glass and stick
 Recalls the semblance of a new-born chick ;
 (To match the model he is aiming at
 He ought to wear an eggshell for a hat ;)
 Which of these objects would a painter choose,
 And which Velasquez or Vandyke refuse ?

When your kind summons reached my calm retreat,
 Who are the friends, I questioned, I shall meet ?
 Some in young manhood, shivering with desire
 To feel the genial warmth of fortune's fire—
 Each with his bellows ready in his hand
 To puff the flame just waiting to be fanned ;
 Some heads half-silvered, some with snow-white hair—
 A crown ungarnished glistening here and there,
 The mimic moonlight gleaming on the scalps
 As evening's Empress lights the shining Alps,
 But count the crowds that throng your festal scenes,
 How few that knew the century in its teens !

Save for the lingering handful fate befriends,
 Life's busy day the Sabbath decade ends ;
 When that is over, how with what remains
 Of nature's outfit, muscle, nerve, and brains ?

Were this a pulpit, I should doubtless preach,
 Were this a platform, I should gravely teach.
 But to no solemn duties I pretend
 In my vocation at the table's end,
 So as my answer let me tell instead
 What Landlord Porter—rest his soul!—once said.

A feat it was that none might scorn to share ;
 Cambridge and Concord's demigods were there—
 "And who were they?" You know as well as I
 The stars long glittering in our Eastern sky—
 The names that blazon our provincial scroll
 Ring round the world with Britain's drumbeat roll !
 Good was the dinner, better was the talk ;
 Some whispered, devious was the homeward walk ;
 The story came from some reporting spy—
 They lie, those fellows—oh, how they do lie!—
 Not ours those foot-tracks in the new-fallen snow—
 Poets and sages never zig-zagged so !

Now Landlord Porter, grave concise, severe,
 Master, nay monarch in his proper sphere,
 Though to belles-lettres he pretended not,
 Lived close to Harvard, so knew what was what,
 And having bards, philosophers, and such
 To eat his dinner, put the finest touch
 His art could teach, those learned mouths to fill
 With the best proofs of gustatory skill,
 And finding wisdom plenty at his board,
 Wit, science, learning, all his guests had stored,
 By way of contrast, ventured to produce
 To please their palates, an inviting goose.

Better it were the company should starve
 Than hands unskilled that goose attempt to carve ;
 None but the master-artist shall assail
 The bird that turns the mightiest surgeon pale.

One voice arises from the banquet hall—
 The landlord answers to the pleading call ;
 Of stature tall, sublime of port, he stands,
 His blade and trident gleaming in his hands ;
 Beneath his glance the strong-knit joints relax
 As the weak knees before the headsman's axe.

And Landlord Porter lifts his glittering knife
 As some stout warrior armed for bloody strife ;
 All eyes are on him : some in whispers ask,
 What man is he who dares this dangerous task ?
 When, lo ! the triumph of consummate art,
 With scarce a touch the creature drops apart,
 As when the baby in his nurse's lap
 Spills on the carpet a dissected map !

Then the calm sage, the monarch of the lyre,
 Critics and men of science, all admire,
 And one whose wisdom I will not impeach,
 Lively, not churlish, somewhat free of speech,
 Speaks thus : " Say, master, what of worth is left
 In birds like this, of breast and legs bereft ?"

And Landlord Porter, with uplifted eyes,
 Smiles on the simple querist, and replies :
 " When from a goose you've taken legs and breast,
 Wipe lips, thank God, and leave the poor the rest."

Kind friends, dear friends, I hold it hardly fair
 With that same bird your minstrel to compare,
 Yet in a certain likeness we agree,
 No wrong to him, and no offence to me ;
 I take him for the moral he has lent,
 My partner,—to a limited extent.

When the stern Landlord whom we all obey
 Has carved from life its seventh great slice away,
 Is the poor fragment left in blank collapse
 A pauper remnant of unvalued scraps ?

I care not much what Solomon has said,
 Before his time to nobler pleasures dead ;
 Poor man ! he needed half a hundred lives
 With such a babbling wilderness of wives !
 But is there nothing that may well employ
 Life's winter months—no sunny hours of joy !
 While o'er the fields the howling tempests rage,
 The prisoned linnet warbles in his cage ;
 When chill November through the forest blows,
 The greenhouse shelters the untroubled rose,
 Round the high trellis creeping tendrils twine,
 And the ripe clusters fill with blameless wine ;
 We make the vine forget the winter's cold,
 But how shall age forget it's growing old ?

Though doing right is better than deceit,
 Time is a trickster it is fair to cheat ;
 The honest watches ticking in your fobs
 Tell every minute how the rascal robs.
 To clip his forelock and his scythe to hide,
 To lay his hour-glass gently on its side,
 To slip the cards he marked upon the shelf
 And deal him others you have marked yourself,
 If not a virtue, cannot be a sin,
 For the old rogue is sure at last to win.

What does he leave when life is well-nigh spent
To lap its evening in a calm content ?
Art, Letters, Science, these at least befriend
Our day's brief remnant to its peaceful end —
Peaceful for him who shows the setting sun
A record worthy of his Lord's Well done !

When he, the Master whom I will not name,
Known to our calling, not unknown to fame,
At life's extremest verge half-conscious lay,
Helpless and sightless, dying day by day,
His brain, so long with varied wisdom fraught,
Filled with the broken enginery of thought,
A fitting vision often would illumine
His darkened world, and cheer its deepening gloom—
A sunbeam struggling through the long eclipse —
And smiles of pleasure play around his lips.
He loved the Art that shapes the dome and spire ;
The Roman's page, the ring of Byron's lyre,
And oft when fitful memory would return
To find some fragment in her broken urn,
Would wake to life some long-forgotten hour,
And lead his thought to Pisa's terraced tower,
Or trace in light before his rayless eye
The dome-crowned Pantheon painted on the sky ;
Then while the view his ravished soul absorbs,
And lends a glitter to the sightless orbs,
The patient watcher feels the stillness stirred
By the faint murmur of some classic word,
Or the long roll of Harold's lofty rhyme,
" Simple, erect, severe, austere, sublime"—
Such were the dreams that soothed his couch of pain,
The sweet nepenthe of the worn-out brain.

Brothers in art, who live for others' needs
In duty's bondage, mercy's gracious deeds,
Of all who toil beneath the circling sun
Whose evening rest than yours more fairly won ?
Though many a cloud your struggling morn obscure
What sunset brings a brighter sky than yours ?

I, who your labors for a while have shared,
New tasks have sought, with new companions fared,
For Nature's servant far too often seen
A loiterer by the waves of Hippocrene ;
Yet round the earlier friendship twines the new,
My footsteps wander, but my heart is true,
Nor e'er forgets the living or the dead
Who trod with me the paths where science led.

How can I tell you, O my loving friends,
What light, what warmth, your joyous welcome lends
To life's late hour ? Alas ! my song is sung,
Its fading accents falter on my tongue.
Sweet friends, if shrinking in the banquet's blaze,
Your blushing guest must face the breath of praise,
Speak not too well of one who scarce will know
Himself transfigured in its roseate glow ;
Say kindly of him, what is—chiefly—true,
Remembering always he belongs to you ;
Deal with him as a truant, if you will,
But claim him, keep him, call him brother, still !

As Dr. Holmes read the last line he sank back into his seat, and a loud cheer burst from the listen-

ers, which lasted for at least a minute. Several ladies had stood in the gallery overlooking the room, and they waved their handkerchiefs and applauded as heartily as the men did. It was a scene of enthusiasm seldom witnessed even in Delmonico's, and Dr. Holmes bowed his thanks with a face in which smiles and tears struggled visibly for the mastery.

Pleasant Words from Many Lips.—When at length quiet was restored, Dr. Barker introduced, in a few happy remarks, Bishop Clark, of Rhode Island, who responded to the toast, " The Clergy," in a brief but witty and appropriate speech. There was no incongruity, he said, in his addressing a body of doctors. In the beginning clergymen and physicians were practically the same thing. Their practice then was very simple. It consisted in exorcising the evil spirits, which were regarded as the cause of all disease and all sin. " Has it ever occurred to you," said the speaker, " that we may return gradually to the old idea, not of exorcising spirits, but of uniting the functions of the doctor and the minister ? Are we not beginning to recognize that the medicine man may have a priesthood to discharge ? Are we not here to do honor to a man who stands high in the priesthood of science, of art, of literature, and of humanity ? He has taught us to bear the evils of life more cheerfully ; he has ministered to minds diseased, and therefore we extend to him the right hand of fellowship. [Laughter and cheers.] When the name of Dr. Holmes is spoken, we do not think of bones and ligatures and lesions. It is difficult to conceive of him as ever administering to a poor man anything that it was hard for him to take. [Laughter.] If he had not been great in so many other ways we might consent to think and speak of him as the great doctor. How much we learn from him, and how much we are impressed by his glowing words ! As we read we weep, and sigh by turns, but the glad song of the bird is always heard above the sad moaning of the sea. Whatever chord he touches, the answer comes back from the soul, prompt and clear. But I am diverging from my subject, which is the clergy. Now, we clergymen are proud of Dr. Holmes, because we consider him as one of us. If he had never had a father he would never have been, and his father was a clergyman, so that he is really one of our production. [Laughter.] We are very grateful to the father for producing such a son. Long may it be before the sun of his life sets."

When the applause which greeted the address of Bishop Clarke had subsided, Dr. Barker called on the Hon. William M. Evarts to respond to the toast

of "The Bar." Mr. Evarts made a short and witty speech. He began by complimenting the doctors. "It is much pleasanter," he said, "to be asked to meet 300 doctors in this way, than it is to ask one to meet you. [Laughter and cheers.] An old German book on medicine lays down the sweeping proposition that all diseases and all accidents requiring surgical treatment are caused in order that the skilful and learned in the profession of medicine may be educated by means of them. I don't know, after all, but there is a good deal of feeling in the three learned professions that this is a true view of human affairs. The estate, the body, and the mind, make up, do they not, all that is visible, all that is interesting, all that is important in human affairs? The lawyer takes charge of the estate [laughter], the clergyman is the curer of the souls, and the doctor is the curer of the bodies. As the sheep are for the shepherd, so those taken care of are for those who take care of them. [Laughter and applause.] You medical gentlemen have one striking advantage over the rest of us, for though, alas, everybody has not an estate, and everybody has not a mind, yet everybody has a body. [Laughter.] We are all bound to be in at the death, and although it is a cheerless moment, yet to us there are assuaging circumstances. In contrasting our relations I should say that Bishop Clark and his fellow-laborers are sent out as sheep among wolves; you and I are sent out as wolves among the sheep." [Cheers.] Dr. Holmes, Mr. Evarts said, had the advantage of being born and living near to Boston, a place that no one can know early in life without feeling that he has a great advantage over his fellows, and no one who first knows it later in life fails to be grateful that he has seen it before he dies. "I was born and bred there," said Mr. Evarts, "and I can only compare notes with Dr. Holmes as to which of us was the wiser—he in remaining there or I in leaving it as soon as I thought I had got all the good out of it, and looking for a broader field for the exercise of my profession as a wolf among the sheep. Now fame was nothing to Dr. Holmes in influencing him to pay us a visit. The only curiosity that he had in the matter was to see how a Boston fame would sound echoed from New York. [Cheers.] I think I may say that it sounds very well to him, for there is not a note in the anthem of his fame in Boston that is not reverberated in this city, not less sweet, but more strong. I never could understand how the Boston people were able to put up so long with Dr. Holmes, who, while he furnished a reputation to Boston, took also the principal part of the reputation of Boston to himself. [Loud cheers.] "Now," said

Mr. Evarts in conclusion, "as we are all professional men here, and, as the rest of the world is shut out, and there is no possibility of any body knowing what we say or do here, is it not fair for us, does not our character for truth require us, to admit that we are really the saviours and protectors of society? Why should we strive to hide this even from ourselves? Let us animate ourselves to a more vigorous pursuit of our several interests, as sheep and wolves! Let us understand that the laborer is worthy of his hire, and that those who are unwilling to be aided by professional skill and advice in parting with their property and their lives are unworthy of serious consideration." [Loud laughter and prolonged applause.]

"The Medical Profession" was responded to by Dr. T. Gaillard Thomas. He said that everybody knew that nothing was so difficult for a medical practitioner as the making of an impromptu speech. He felt embarrassed when asked to present his speech between the speeches of the two eloquent gentlemen who had preceded him and those who were to follow. But he felt that a person must indeed be barren in thought and entirely bereft of speech, if he could not express in some way his appreciation of the sweet and noble qualities of the honored guest of the evening. Dr. Holmes was not only an honor to the medical profession, he was an honor and a blessing to mankind. After obtaining distinction in the medical calling he had launched his bark into other waters and had become an acknowledged leader in literature and ethical culture. He had done much toward bridging over the chasm between the medical profession and the rest of the world. By his voice and skilful pen he had done as much as any one man to make the doctor's profession agreeable to humanity. Dr. Holmes had justly gained a high eminence, both as a prose writer and as a poet. By his poems he had made an impression on the hearts and souls of thousands. By his varied achievements he had set a worthy example to the young men who were just starting on their career as doctors, showing them that even a doctor might take a broad and genial view of life. Dr. Thomas esteemed it a glorious privilege to be able to tell Dr. Holmes to his face how thoroughly his work was esteemed, and how sincerely his name was revered by the medical profession of New York. Dr. Thomas' eloquent peroration was a tender and beautiful tribute to the personal character and lasting influence of Oliver Wendell Holmes.

George William Curtis was greeted warmly as he arose to speak to the toast of "Literature." He said that medicine, the church, and the law had

spoken praises of the honored guest. As the church was supposed to dispose satisfactorily of a man's mind, the law most summarily of his estate, and medicine inevitably of his body, what was there left for literature to do but to claim the man in his entirety. One profession had cried "All hail, Macbeth!" Another, "All hail, thane of Glamis!" A third, "All hail, thane of Cawdor," and it remained for literature to cry, "Hail, King that shall be!" It was appropriate that literature should assert its claim upon Dr. Holmes, for in literature he had attained his greatest reputation and honors. It was also appropriate that the literature of New York should extend the hand of fellowship to the eminent literary son of Boston. The city of New York had many sins to answer for. The speaker would not enumerate them, for he did not wish to detain the company until midsummer. It might, however, be said to the credit of New York that she gave birth to Washington Irving and also to the first productions of distinctively American literature. Our literature in the eighteenth century, like our government, however, was provincial and colonial. It was not until the present century that, through the medium of the fearless native humor of the young New Yorker, American literature fairly asserted the broad and genial spirit of independence. It was on the banks of the Hudson that the genius of our literature arose, and the never-to-be-forgotten incidents of Cooper's "Spy," Drake's "Culprit Fay," and Irving's "Legends of Sleepy Hollow" were indissolubly connected with the growth of native literature. It was most natural, therefore, that New York should open wide her hospitable arms to welcome the gifted representative of the literature of New England. Ichabod Crane bade a cordial welcome to "The Autocrat of the Breakfast-Table." There was a bond of the warmest sympathy between the honored and prized literary sons of this State and Dr. Holmes, of Boston. All had sung sweetly for the home, for humanity, and for the nation. Drake's stirring ode to the American flag found a responsive chord in the patriotic verses that had dropped from Oliver Wendell Holmes' versatile pen. To the great literary circle of New York had succeeded a circle no less great in Boston—a circle that embraced poets, philosophers, essayists, and scientists, noble masters of every art. It was a rare privilege to live in their time and sit in their midst. One of the knights of the Boston literary round table sat, an honored guest, among a company of admiring New York friends. By his charming disposition, his bright wit, and his depth of kindly sympathy he had warmed many hearts and kindled many a

soul into a brighter glow. His brilliant talents were such as few men ever possessed, and such as no man could have used better than himself. Mr. Curtis said that he would not disturb the modesty of the distinguished guest from Boston by coupling his name with any tribute that he might be able to pay to his genius and to his character. "Why should I mention his name here?" said the speaker in conclusion. "Has he not himself written it indelibly upon the literature of the country, and upon the hearts of his countrymen?" Mr. Curtis' remarks were enthusiastically applauded, and Dr. Holmes himself bowed in admiration of their rhetorical finish and beauty of sentiment.—*Times*.

It was a beautiful, appropriate, and grand ovation.

EDITORIAL.

PLAIN LANGUAGE UPON A DELICATE SUBJECT—THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—It is safe to say, that nine out of every ten friends would advise that the subject herewith presented should not be thus brought before the profession. Not because it is not a professional subject of very great importance, and one that should be presented by every frank and independent American medical journal, but because it is so delicate a subject as to be a dangerous one, and in its discussion fraught with very injurious possible results. It is very natural that these views should be entertained, and such advice given, but only because such views have not been carefully considered, and because such advice is based on friendship, and not upon justice. It is the view and advice of friends who would not see a publication exposed to misconstruction, to abuse, and perhaps to danger; and these views and advice are therefore wrong.

It is assumed by this journal now, as heretofore, that though in one sense a private enterprise, it is not in any other respect private in character. It is sustained and supported by the medical profession, and on this account, and because of the professional ties of its editor, it owes to that profession the truest and most uncompromising allegiance. Whatever concerns the honor and progress and welfare of the medical profession is, in part, this journal's care, and it would be false to such a trust, if it did not discharge the implied duty to the extent of its knowledge and its capacity.

With such convictions, hesitation or evasion in the public discussion of any subject affecting the vitality or welfare of the profession would be worse

than weakness ; it would be treachery and ingratitude.

The American Medical Association is the life-spring of the American medical profession. It is its highest Body, its corporate glory and strength. It is the tie which unites all of the profession's best elements in this country, and gives it power and invincibility. Whatever makes that Association more felt and more appreciated, and more successful is of most overwhelming importance to the profession.

Of mere physical power the Association has none. Its strength is in its mental elements ; and mind being therein the master, the dissemination of its products secures the extension of the Association's influence. In the dissemination of the mental riches of the American Medical Association is the power, and utility and blessing of that Body most to be felt, and soonest to be realized. And in that dissemination, it must select the most powerful disseminator of the present age — the Press. Whatever name be given to the product of the press is immaterial ; none perhaps is better than the one soon to be so familiar to all, "The Journal of the American Medical Association."

The Journal to be known by that name has been determined upon. It is soon to be created. Its agency for good or for evil is almost immeasurable. Its importance must therefore be conceded.

What is to be said of the movement, so far, in providing for the establishment and success of that Journal ? Has the movement been judicious, proper and commendable, or not ?

Of course, all are familiar with the fact that it was at the meeting of the Association, in New York City, in the year 1880, that the President of the Association, Dr. Lewis A. Sayre, of New York, proposed the establishment of a journal of the Association, in lieu of the annual publication of the Transactions of that Body. It is equally well known that the first action in regard to the matter was taken at that time ; that a committee was appointed, at Richmond, Va., in the succeeding year to examine into and report upon the subject. And it is equally familiar, that the committee selected reported favorably at St. Paul in 1882 ; that a committee was appointed to determine upon the feasibility of the scheme, and if deemed feasible to report at Cleveland in June, 1883 ; submitting their plan in full, and also the name of the gentleman selected and recommended by them as the editor of the journal of the Association.

This committee, known as the "Trustees of the Journal," duly sent out circulars last year, with a view of determining whether the journal suggested would be supported ; and as the replies were deemed favorable, the trustees of the journal met a few weeks

since, at Chicago, and there selected, as the editor of the new journal, Dr. N. S. Davis, of Chicago, Illinois.

Up to that date and that act, it is only just to say that the action taken in regard to the creation of this journal was prudent, judicious, and commendable. What is to be said of the last step of those appointed to take charge of this most important movement ?

It is a principle as well as a tradition and a custom in all legislative bodies to discountenance any action of any of its committees, if, as the result of such committee action, any of the members of that committee are to derive thereby honor, position, or emolument. And there is not only principle, tradition, and custom preventing and forbidding such action on the part of every committee, but there is also a manifest philosophy underlying the origination and enforcement of such a wise and necessary law. Were it not so, any committee so disposed could by arrangement or agreement legislate and report for its own advantage, or for the advantage of any one of its members. It is true, that such action and such a report might not be sustained by the body appointing the committee, but the usages and custom of all legislative bodies in supporting the action of subordinate organizations of their own creation and selection is so imperative, so almost universal, that the reports of such committees are usually sustained. Such being the case, it is in all the legislative bodies of modern civilization regarded as *contra bonos mores* (legislative immorality) for any committee so to legislate as to recommend its own members for either honor or emolument. When the recommendation is for both honor and emolument, it is difficult, without being undesirably harsh, to fully characterize such action. That this committee should recommend its own chairman for honor and emolument, and that this chairman should allow himself to be so recommended and to actually accept the recommendation is so remarkable, that the statement is almost incredible. And yet such are the facts, facts which need no comment.

One cannot, of course, go so far as to say that in the appointing of such a committee, those were selected who would thus be placed beyond the possibility of being recommended for the office which the committee was virtually to fill, but all can say that when the gentlemen composing this committee were appointed, it was the conviction of every one that whatever might be the result of such committee's work, it was absolutely impossible that any member of it could possibly be recommended for the office which was thus to be created. Every one was sure that

by all the laws and customs and proprieties which control civilized people, it was actually impossible that any of this committee could, by any possibility, be selected, by the committee, for an office of such great honor and such very material emolument. That the committee should have so acted is absolutely incomprehensible ; it was an error and a folly that can be safely pronounced to be without precedent. One can almost say of it what Talleyrand said of Napoleon's execution of the Duc d'Enghein: "It was more than a crime ; it was a fatal blunder."

The profession can only congratulate itself that there were not more offices to be filled by this historic committee—these trustees.

Apart, however, from the stupendous blunder of recommending their chairman for the office they were to create and fill, and apart from the even greater blunder made by this chairman in allowing himself to be so recommended, and in agreeing to accept the gift, so very curious in origin and history, what is to be said as to the selection made for the editor for the Association's journal?

This question can be best answered by saying first what the editor of such a journal should be. He should be sufficiently mature in age to have had opportunity for acquiring literary, editorial, and professional experience and judgment. He should be of very superior education. An easy, forcible, lucid and industrious writer. A man constitutionally and historically free from prejudice and partisanship. Kind but firm of nature, just, temperate, frank, ready to state his opinions, and fully responsible in the defence of them. He should be sufficiently well read in all of the departments of his profession to be an admitted judge of good original and selected matter intended for such a journal. He should unquestionably be one already declared by the profession to be a thoroughly scientific physician, and one known to be a competent and successful editor of a medical journal. With these essential requisites not for the editorship of a medical journal, but for such a medical journal (a journal put forth and forward as the highest exponent of the knowledge, science, and skill of the American medical profession), it will be an easier matter to determine by how much the committee, appointed for the purpose, have succeeded or failed in their selection of an editor for the journal of the American Medical Association.

It is a disagreeable task as well as a duty to publicly criticise any one for high public office, and when the criticised is a professional brother, an editorial confrère, and one personally esteemed, just criticism becomes far more difficult and unwelcome. There are two facts, however, which detract some-

what from the unwelcomeness of the undertaking ; one is that in this country, as in all civilized countries, such criticism is customary and is demanded ; the other is that when one comes voluntarily to the bar of criticism, he is somewhat prepared for the ordeal, and can blame only himself if the result be not either grateful or gratifying.

What, in justice to the profession of this country and to the American Medical Association, is to be said of the choice of the Journal trustees of an editor?

Dr. N. S. Davis is well and favorably known to every physician in this country. He is an old teacher, a far older practitioner, a prolific author, and an old journalist. He is "the father of the American Medical Association." He has filled, and filled well, every office in its gift. He is the chairman of its Judicial Council. The custodian of the Association for over a generation. Its trusted and faithful mentor, guard, and friend. He has attended almost all of its meetings, and is better informed in regard to its record and its laws than any one living. He is a good citizen and a good man.

A beautiful record this, and one that every person will love to praise and be glad to remember. But does such a record make a journalist, and, above all, a journalist who is to *create and found* a journal, and not only a journal, but a great journal? Those who do not know what is necessary for such work will say yes, it does. Those who do know, and know well, also, Dr. Davis' life-record, will give, though with regret, a very different answer.

Dr. Davis is within four or five years of being seventy years of age. This is, of course, not being old enough to be unfit for literary work. Humboldt commenced the study of Hebrew at eighty ; Bronson Alcott wrote all of his great poems after he was eighty ; Von Ranke commenced his "History of the World" at eighty six ; Whittier did his best work after seventy ; Longfellow wrote best at seventy-five ; and very many examples more could be given of great mental work by writers materially older than Dr. Davis is at present. But such work is very far different from editorial work. It is severe mental work, but it is performed in the absolute quiet, the perfect retirement and the entire freedom from interruption, so fully enjoyed in the private or great public library. It is done after quiet, consecutive, unified study.

How greatly does it differ from editorial labor ; with its ramified and important correspondence ; its enormous labor and its enormous exchange list ; its rapid writing done in intervals absolutely snatched for the purpose ; its diversified editorial writing ; the ceaseless reviews demanded ; the endless, wearing

supervision of details, small, but always important ; the personal interviews unavoidable, and often when mental labor is most imperative ? etc.

Who can possibly compare the quiet, continuous labor of the student in retirement and seclusion, with the multifarious cares of editorial work ; with labor wearing, even destroying, to the young, and exhausting to those of middle life ? Even were Dr. Davis placed in charge of such a journal, already established, his physical ability to endure the strain necessary is most doubtful ; but it must be remembered that this journal is to be created, established, and *made great, or be a failure*. Either the man or the work must suffer ; and those who know the man selected, may be certain that it will not be the work. It must require, to found such a journal, the best labors of the best man, through a series of years. It can be but a few years, at best, before the man selected must, in the course of nature, be unable to discharge such work, and even now it seems unfair to him, if not unfair to the profession and to the journal, to place him in such a position.

It is manifest therefore that the physician chosen as editor of the Journal of the American Medical Association, while not too old for mental work of even serious character, is too old to undertake the creation, founding, and sustaining of a great journal.

It cannot too strongly be impressed upon the minds of all responsible for the failing of such a journal, on account of their failure of judgment in bringing to its creation one physically unable to do the work, that the journal contemplated is yet to be made. If it is to be a triumph of the future, it is one which is not to be grasped or enjoyed, but to be won ; and if won at all, only by the hardest work ; by protracted struggles which, at best, must be in results for many years doubtful ; and in regard to which absolute failure is fully as probable, as is even a moderate success.

To some natures, confident in their own resources, and endowed with an energy and determination of will which can carry them over all difficulties, there is a positive charm in the prospect of a road not distinctly marked out ; one which must be determined upon, and made ; and in which dangers, adventures, and risks may present themselves at any moment. They are resolved in such a case to succeed, because they think that they can succeed ; *possunt quia posse videntur*. But there is a golden power necessary for success in every such struggle ; the power of adolescent manhood ; manhood in its prime and glory. After this period has passed, what before was probable, in an issue of strength, is at

best but possible ; and what was possible is now forever beyond attainment.

All must admire the brave oarsman on the stream of life ; admire him in the successful daring of his youth, and in the glorious strength of his manhood. And even when the twilight of his life's day has come, and he ventures upon the swift stream, whose strength he has been wont so easily to overcome, all must admire him most, as his daring and manly strokes are seen to be impotent and vain, and as the rushing stream, in its fearful power, sweeps him, still working, remorselessly away. Such a man is most to be admired in his old age, but who would subject him, though willing and confident, to so fearful and fatal an ordeal ?

In regard to the absolutely necessary requirement in the editor of this great journal, that he should be, and should be known to be, a thoroughly scientific man, it must be said, by the best friends of the editor selected, that he cannot successfully respond to such a test. Though a voluminous writer, in the past, those familiar with his papers cannot fail to see the evidences of his inaccuracies in regard to scientific facts, and his frequent apparent ignorance of well-demonstrated truths in physiology and pathology. In these fugitive papers, doubtless ephemeral only in design, and written, manifestly, *cum currente calamo*, one will pardon such errors of omission and even of commission, but in a book prepared for the press, it is only fair that the author should be brought to scientific trial.

No well-informed physician can read the "Clinical Lectures" of Dr. Davis, and not fail to be surprised at the many errors and omissions manifested. As a scientific work, no one competent would accept or recommend it. Indeed, the laborious life of its author has rendered it impossible for him to be *au courant* with the advances of medical science, and he is not ; no competent physician would so declare. Such a fact, while easily intelligible and fully pardonable, is certainly a very grave objection to an editor of such a journal.

No one can say, either, that Dr. Davis is well read in all of the departments of his profession, or even sufficiently well read to be a competent judge and an accurate critic, as an editor of such a journal must be, or be an obstacle, if not an incubus.

Again, it is absolutely necessary that the editor selected for such a journal should be an able and successful editor. While every reader in the profession is competent to give at least an opinion on this subject, the opinion of each one must be measured, in its value, chiefly by the experience and opportunity enjoyed. There can be no question of

this fact ; and that as each one sees most of journals, he is best able to measure their value, and the ability of their editors. If editors of medical journals are not experts in such criticism, such a fact would be a violation of an almost universal law. If one wishes, therefore, to learn the value and ability of Dr. Davis as an editor, such information must come, most reliably, from the editorial fraternity.

Now it is a most significant fact, that while almost every medical journal in this country and medical journals of England have announced, editorially, that Dr. Davis (an editor since 1855) has been chosen as the editor of the Journal of the American Medical Association, there is only one which has said a word in his favor, or in commendation of those who, unfortunately and so unethically, selected him for such a position. One journal has spoken of him as "a veteran," but as he is nearly approaching seventy years of age, such language cannot be construed into very ardent commendation.

Now this silence is not due to bad feeling, for every one has the kindest feeling toward this gentleman. It is not due to jealousy, for, so far as is known, there is not one of the editorial corps who would accept such a position. It is simply a significant silence ; eloquent, ominous, condemnatory.

MOVEMENT IN NEW YORK TO UPHOLD THE NATIONAL CODE.—Just as was anticipated, and as was predicted in this journal, there is about to be begun a strong and, of course, successful movement against the new Code of Ethics of the New York State Medical Society, and in favor of the Code of Ethics of the American Medical Association. The following paper was sent to this journal on April 11th, but too late to appear in the journal of April 14th, the columns of which were then closed.

There could be obtained hundreds of signatures to the address, but there is no space for them, and those given are quite sufficient.

To the Members of the Regular Medical Profession in the State of New York.

GENTLEMEN : Representing a large number of physicians associated, to uphold the National Code of Medical Ethics, we beg leave to ask you to consider the importance of this object.

The so-called new code recently adopted by the Medical Society of the State of New York, sanctions fellowship by means of consultations with all practitioners who are "legally authorized to practise medicine."

This sanction extends to practitioners who have adopted designations intended to distinguish them

as belonging to sects apart from and hostile to the regular medical profession, and who are organized in order to lessen public respect for this profession and for its members. Will you not seriously consider the question, whether, under these circumstances, affiliation by any act with sectarian or irregular practitioners is consistent with a due regard for the honor of the profession, or with a proper sense of self respect ?

The new code has dis severed all connection, by representation, of the Medical Society of the State of New York and its auxiliary County Medical Societies, with the American Medical Association, and also with the medical societies of the several States of the Union.

At the last meeting of the American Medical Association (1882), the Judicial Council decided as follows : "Having carefully examined the Code of Ethics adopted by the New York State Medical Society at its annual meeting in February, 1882 (as furnished by the secretary of said Society), the Judicial Council find in said code, provisions essentially different from and in conflict with the Code of Ethics of this Association ; and, therefore, in accordance with the provisions of the ninth by-law of the American Medical Association, they unanimously decide that said New York State Medical Society is not entitled to representation by delegates in this Association."

The following is the by-law referred to in the foregoing decision : "No State or local Medical Society, or other organized institution, shall be entitled to representation in this Association that has not adopted its Code of Ethics, or that has intentionally violated or disregarded any article or clause of the same."

We submit for your consideration that the substitution of the new code for that adopted by the American Medical Association has inflicted upon the medical profession of this State a great injury and disgrace.

It is believed that the recent action of the New York State Medical Society in relation to the Code of Ethics is not sustained by the sentiments and judgment of the great majority of the medical profession in the State. But even granting that they who are opposed to this action are in a minority, it must be admitted that the number is very large. The effect of the action of the State Society, if persisted in, will be a division of the profession of the State into two parties. In view of the evils which cannot but follow such a division, and of the many advantages of harmony, we appeal most earnestly to those who have been led to approve of the substitution of

the new code for that of the National Association, to reconsider the matter, and we solicit the active co-operation of all who are in favor of the National Code, in concerted efforts to effect, as speedily as possible, a reversal of the action of the Medical Society of the State of New York at its annual meetings in 1882 and 1883.

Communications from societies and individuals who are in sympathy with associations for upholding the National Code of Medical Ethics, and resisting any modifications of that code which do not emanate from the American Medical Association, may be addressed to J. H. Hinton, M.D., No. 41, West 32d Street, New York City.

Abram Dubois, M.D.	J. H. Hinton, M.D.
J. W. S. Gouley, M.D.	S. S. Purple, M.D.
W. T. Lusk, M.D.	Austin Flint, jr. M.D.
Austin Flint, M.D.	S. T. Hubbard, M.D.
T. Gaillard Thomas, M.D.	

ANIMALS AS DOCTORS.—Dr. Delaunay in a recent paper (*British Medical Journal*) observed that medicine, as practised by animals, is thoroughly empirical, but that the same may be said of that practised by inferior human races, or, in other words, by the majority of the human species. Animals instinctively choose such food as is best suited to them. M. Delaunay maintains that the human race also shows this instinct, and blames medical men for not paying sufficient respect to the likes and dislikes of the patients, which he believes to be a guide that may be depended on. Women are more often hungry than men, and they do not like the same kinds of food; nevertheless, in asylums for aged poor, men and women are put on precisely the same regimen. Infants scarcely weaned are given a diet suitable to adults—meat and wine, which they dislike, and which disagree with them. M. Delaunay investigated this question in the different asylums of Paris, and ascertained that children do not like meat before they are about 5 years of age. People who like salt, vinegar, etc., ought to be allowed to satisfy their tastes. Lorain always taught that with regard to food people's likings are the best guide. This is all twaddle, however, since it entirely ignores the existence of morbid fancies and an hysterical element among the women.

Certain women will eat coal, lime, slate pencils, etc. Strange as it may seem, this is really a survival of the instinct which is found among ovipara. A large number of animals wash themselves and bathe, as certain apes, elephants, stags, birds, and ants. M. Delaunay lays down as a general rule that there is not any species of animal which voluntarily runs the

risk of inhaling emanations arising from their own excrement. If the question of reproduction be examined, it will be found that all mammals suckle their young, keep them clean, wean them at the proper time, and educate them; but these maternal instincts are frequently rudimentary in women of civilized nations. In fact, man may take a lesson in hygiene from the lower animals. Animals get rid of their parasites by using dust, mud, clay, etc. Those suffering from fever restrict their diet, keep quiet, seek darkness and airy places, drink water, and sometimes even plunge into it. When a dog has lost its appetite it eats that species of grass known as dogs' grass (*chiendent*), which acts as an emetic and purgative. Cats also eat grass. Sheep and cows, when ill, seek out certain herbs. When dogs are constipated they eat fatty substances, such as oil and butter, with avidity, until they are purged. The same thing is observed in horses. An animal suffering from chronic rheumatism always keeps as far as possible in the sun. The warrior ants have regularly organized ambulances. Latreille cut the antennæ of an ant, and other ants came and covered the wounded part with a transparent fluid secreted from their mouths. Lubbock's researches throw doubt on Latreille's results. If a chimpanzee be wounded it stops the bleeding by placing its hand on the wound, or dressing it with leaves and grass. When an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth. A dog being stung in the muzzle by a viper plunged its head repeatedly for several days into running water. This animal evidently recovered. A sporting dog was run over by a carriage. During three weeks in winter it remained lying in a brook, where its food was taken to it. The animal recovered. A terrier hurt his right eye; it remained lying under a counter, avoiding light and heat, although usually it kept close to the fire. It adopted a general treatment, rest and abstinence from food. The local treatment consisted in licking the upper surface of the paw, which it applied to the wounded eye, again licking the paw when it became dry. Cats also, when hurt, treat themselves by this simple method of continuous irrigation. M. Delaunay cites the case of a cat which remained for some time lying on the bank of a river; also, that of another cat which had the singular fortitude to remain for forty-eight hours under a jet of cold water. Animals suffering from traumatic fever treat themselves by the continued application of cold water, which M. Delaunay considers to be more certain than any of the other methods. In view of these interesting facts, he is forced to admit that hygiene and therapeutics, as

practised by animals, may, in the interests of psychology, be studied with advantage. The further remarks of the *British Medical Journal* are decidedly dilettanteish. Instinct does not lead dogs nor other animals to avoid tubercular sputa, and is a very uncertain guide.

HOMŒOPATHISTS ON HOMŒOPATHY.—Dr. E. P. Fowler (*New York Medical Journal*, March 24th, 1883), a prominent disciple of Hahnemann, says that it “seems hardly possible that any one previously unbiassed can make a thorough analysis of Hahnemann’s ‘Organon’ in its entirety, without a conviction that he held disease as being entirely independent of and different from the ordinary processes characterizing vitalized matter. He apparently looked upon disease as a variation of a natural process; he treats of it rather as holding a relation to the human body very much like that which genii were once supposed to sustain toward inanimate objects. This is an outline sketch of Hahnemann’s system of homœopathy. The ‘Organon’ explicitly teaches that to cure one disease, it is necessary to produce another. The term homœopathy was constructed by Hahnemann, and it etymologically expresses his theory; he was an expert linguist, and would not have coined a term which etymologically misrepresented an idea he wished to express. One disease can only be cured through displacement of another disease—this is the substructure of homœopathy. Hahnemann proceeds to claim that homœopathy differs from all other medical systems in that they have no substantiation beyond theory, whereas homœopathy is a science established by induction, a science *a posteriori*, and upon these grounds alone we are asked to accept it. Now, the only material in the ‘Organon’ put forth as inductive facts, is to be found in sections thirty-six to forty-six inclusive. These thirty-seven citations are simply references; there is not one pretended description among them. With one exception they are at second or third hand, and some of them are derived from very questionable authority.”

GOSPEL OF RELAXATION.—Medical journals are, stimulated by Herbert Spencer’s remarks, everywhere preaching the gospel of relaxation. The *Lancet*, for example, says: “We have too many irons in the fire, too much business on hand at the same instant, and are too far energetic in our endeavors. With deliberation, calmness, and such reserve of strength as result from perfect restraint, a man may do an infinity of work without either trouble or injury. Breathless haste, eager anxiety, and excessive expenditure of energy are the outcome of modern

activity, whether in this country or on the Continent. The system of ‘quick returns’ has been the bane of literature, almost extinguishing it, and substituting in its place ‘journalism.’ The same system has revolutionized thought and science, and it is rapidly undermining the human constitution. Statesmen and politicians are kept on the strain of sustained attention, and their brains are for many hours in the twenty-four in a condition of ferment. The brains of speculators on the stock exchange, and even the brains of merchants in their private rooms are equally taxed, and in the same way. All classes of the community share the turmoil. The period is one of brain-wearing impetuosity, of hurry, worry, and waste—the waste of cerebral energy and nerve force. The only marvel is that, looking to the utterly unphysiological character of our mental and nervous habits of work, the number of sudden failures is not greater than it is, and that we have not a larger brain mortality to deplore.” A hint toward the solution of the problem how to prevent such excess is given by the *Spectator*, in which the author makes the following proposal: “Now, why should not the doctors, and the leaders of fashion and the journalists among them establish an etiquette binding the world, when once a man has announced that he is seeking rest and is in retreat from his fellow-men, to leave him temporarily alone? Could not they make it a social outrage to call on a quietist—there must be a word, and as the sect is extinct that will do—to send a letter to him without imperative necessity, to stare at him as he passes, or to record his movements more than once a day, or with the smallest particularity? A dozen men in London, if they only agreed, could shut up the great microscope whenever a quietist came within its field; and a few physicians, a few great ladies, and a few club men could soon secure the remainder of the required immunities. They are secured very fairly well for men who are in grief. No one insists on seeing a man whose daughter is dying or wife dead, or writes to a man known to be in deep sorrow, or feels affronted because he is avoided on the day of the funeral of a dear relative. Suppose we extend that pity to the brain-weary, and regard the announcement that ‘Master is quiet until the 10th,’ as a sufficient reason for our friends’ temporary disappearance from the world? Let us make it a *bêtise* to pester the avowedly tired, and ‘bad form’ to intrude, even by letter, on a time of retreat. He might get rest then, even at home, which is sometimes the best place, without the distracting thought that in seeking rest he is insuring enmity, and that his sleep of a fortnight will be blamed as a fortnight of neglected duty.”

To make such retreats fashionable might do much to recuperate the brain-weary, but there is a very great probability that the victim would carry his cares and anxieties into his retreat.

WASHINGTON DEPARTMENT DISEASES.—A Washington physician suggests that it might be a good thing if the civil service commission, in their notices for competitive examinations in the several States, were to insert a list of characteristic department diseases. An applicant ought to know something of what effect the clerical work which he seeks will have on his health. Any doctor in Washington could give the public some useful facts on this matter. Rheumatism is very common, particularly among lady clerks. This arises, no doubt, from the sudden change in temperature experienced when the clerk leaves the office for home. For the same reason largely, bronchial and pulmonary complaints are notably common among clerks. The air in most of the departments is bad, and the work sedentary and monotonous. Nervous diseases are often induced, and insomnia, and sometimes insanity, is found among those who are tied down to work on columns of figures. Headaches and backaches are, of course, very common. Some of the department buildings are exposed to the malarial breezes from the Potomac, and in such cases there are a large number of patients from this cause. A notable example just now is Secretary Folger, whose office overlooks the Potomac and the marsh land along the river banks. The State Department is also badly placed in this respect, and the clerks suffer in consequence. The longevity of American officials has, however, passed into a proverb that says, "Public officials seldom die, and never resign."

ORIGIN OF HALLUCINATIONS.—*The Medical Press and Circular* reports the following case: A drunkard labored under a curious hallucination of the faculty of hearing. He rose every morning full of the best resolutions, and determined to keep sober for the day. Unfortunately, the road to where he worked passed by a certain public house, and at some distance from this fatal spot he became conscious of two voices crying in his ear, the one, "He will not go in," the other, "He will go in." As he got near the door, the voice of the tempter increased in force till it quite drowned that of the good angel. The matter always ended by his going in and taking a drink, when the hallucinations ceased as if by enchantment. Goethe has shown that it is possible to produce hallucinations at will, by thinking intently on the subject of the hallucinations. In certain persons

very active reproductions of memory take an hallucinatory form. These hallucinations would not be accepted by normal individuals as real occurrences. In a man affected by alcohol or by insanity, all correctional power would be lost, and the conduct of the individual would be guided by the hallucinations. In the present instance, the struggles of the drunkard with himself were transmuted into auditory perceptions, temporary in character, and of the variety known to alienists as casual hallucinations.

POLITICAL INFLUENCE AND FRENCH MEDICAL POSITIONS.—Charges of the use of political influence in securing medical positions are just now the subject of discussion in French medical journals. Dr. Desprès has charged that Dr. Bourneville was appointed to four alienist's positions by virtue of the influence of an ex-prefect, and, in consequence, of the orders of the government. That there might be some foundation for such a charge is shown by the fact that Dr. Ball, without any evidence of fitness or capacity, and to the surprise of scientific alienists the world over, was appointed to such positions by virtue of just such influence. Dr. Bourneville is, however, widely and favorably known as a neurologist, and it is pleasant to find that he obtained his positions, not by the influence of any little great communal official, but on the recommendation of such well-known alienists as Le Grand du Saulle, Delasiauve, Lamaestre and Billod, whose indorsement is the highest testimony, were such needed, of Dr. Bourneville's status as a neurologist. Dr. Desprès is known only as a surgeon and syphilographer, and charges of this kind from him are in decidedly bad taste, to say the least.

THE NEW POSTAL LAW will go into effect whenever the Postmaster-General sees fit to say so, within six months from March 3d. The new postal notes will be liked, since sums *under five dollars can be obtained at a charge of three cents*, and without a written application.

The subscribers to this JOURNAL can therefore forward \$4.99 as their subscription in full, as this will save them eight cents each, and it will be a great convenience to be saved the trouble and cost of a written application.

TO PHYSICIANS.—*A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient.*—EDITOR.

GAILLARD'S MEDICAL JOURNAL

AND

(THE AMERICAN MEDICAL WEEKLY.)

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ORIGINAL ABSTRACTS.

MALARIAL SKIN DISEASES.—Verneuil and Merklen (*Annales de Dermatologie et de Syphilis*, November, 1882) comes to the following conclusions on this subject; First, herpes is a common result of malaria; second, it may precede the intermittent paroxysm, or make its appearance during any one of the three stages, or may follow the sweating stage. It may occur after the fever paroxysms have been controlled by quinine. The relation between malaria and the herpes is not an etiological one. Third, there are no pathognomonic characters about this type of herpes. It is most frequently found on the face, about the lips and nostrils, eyelids, cornea, and where the nerve supply is abundant. Fourth, black crusts or black vesicles accompanying the herpes denote pernicious or grave malarial fevers. Fifth, malarial herpes may assume the form of zoster. Sixth, vaso-motor sensibility disturbances may precede and accompany herpes. From all this it is evident, as has been claimed by Drs. Verneuil and Merklen, that this type of herpes is of nervous origin, due to malarial influence.

ELECTRICITY IN LARYNGOLOGY.—At a recent meeting of the Leeds and West Riding Medico-Chirurgical Society, Mr. Margeton, of Dewsbury, exhibited an incandescent electric lamp, designed by himself, and used by himself since October last in examining the mouth and throat. The globe was about half the size of a walnut. It can be held in the mouth for two minutes without discomfort from heat.

SALICYLATES IN DYSMENORRHŒA.—Dr. Chéron (*Revue Med. Chir. des Maladies des Femmes*) says that long ago Weit and Simpson recognized the influence of arthritis, and that this is very well shown by the results of the salicylate treatment of dysmenorrhœa. The salicylates most indicated in dys-

menorrhœa from arthritis are the quinine and the sodium salicylates. The sodium salicylate is employed with advantage in the painful crisis of the onset. At the time of appearance of the pains, two tablespoonfuls of the following mixture suffice: R. Sodium salicylate, 3 iiss.; rum punch, ℥ i 3 vii.; aquæ destill. ℥ iii 3 i. If the pain returns some hours later, the same dose should be employed and pushed till six tablespoonfuls at the maximum in twenty-four hours. Quinine salicylate is more particularly indicated in arthritic dysmenorrhœa, where lumbo-abdominal neuralgia is clearly defined, and shows itself some days before menstruation. It is best given in powder. When migraine, or muscular, or articular pains appear before menstruation, sodium salicylate given in 15 to 30 grain doses per diem is indicated. If in the same cases there exists a periodical neuralgia, the administration of two grain doses of quinine salicylate twice daily often has very astonishing effects.

GUACHAMA, a tree which grows in Venezuela, contains in its bark and several layers of its wood an active principle. Guachama belongs to apocynacea. The extract (*Progrès Médical*, March 24th, 1884), which is of a sombre brown color and resinous, resembles curare, but it is slightly soluble in absolute alcohol, and insoluble in ether and chloroform. The principal difference between the action of curare and that of extract of guachama is that the latter, according to Scheffer (*Deutsche Medicinische Wochenschrift*, No. 28, 1882), acts rapidly on the nerve centres, while the action of curare is slow. Schiffer found that in a case of spasmodic muscular contraction, the hypodermic injection of one sixty-sixth of a grain of the solid extract resulted in slumber, at first slight, then deep, which lasted about three hours; circulation and respiration being normal. Reflex excitability was preserved during slumber. Guachama seems likely to

be a valuable hypnotic, but further experiments are needed.

LARYNGITIS SICCA.—Dr. E. J. Moure (*Archives de Laryngologie*, September, 1882) has recently called attention to a form of laryngitis closely allied to pharyngitis sicca, of which it is an extension into the larynx. In laryngitis sicca, on laryngoscopic examination, it is found that the epiglottis, its folds, the arytenoid mucous membrane, and the ventricular bands are free from lesion, but during phonation the vocal cords did not approximate, owing to a mass of viscid mucus, which kept them apart on a level with their posterior portion. These mucosities corresponded exactly with the yellowish layer of dried mucus which covered the pharyngeal walls and extended into the vaso-pharynx. The voice, as a rule, hoarse, may become clear. Complete and persistent aphonia is rare. The infundibulum of the larynx may have a perfectly normal appearance, although small grayish green pledgets of mucus are found between the ventricular bands or the vocal bands, or attached to the interarytenoid fold. Local applications of zinc chloride (gr. xv. to $\frac{3}{4}$ i.) and internal use of sulphurous waters and potassium iodide, yield good results.

OPERATION FOR TRICHIASIS AND ENTROPIUM.—Dr. F. C. Hotz (*Archives of Ophthalmology*, volume viii., No. 2) described the following new operation for trichiasis and entropium, the essential features of which are these: The skin of the eyelid is incised transversely in the line of the upper border of the tarsus of the upper lid (or along the lower border of the tarsus of the lower lid); the muscular layer covering that border of the tarsus is excised (about 3 to 4 mm. in width); and the cutaneous edges of the incision are brought in close adaptation with the cartilage by sutures which are passed right through the border of the tarsus and the tarso-orbital fascia. He now reports (*Archives of Ophthalmology*, volume xi., No. 4) the results of one hundred and seventy-seven operations, of which one hundred and forty-two were on the lower and thirty-five on the upper lid. In no case did the operation prove an absolute failure. There were seventeen relapses due to complications. The other cases were cured. He therefore reiterates the following conclusions concerning the operation: 1. That it accomplishes its purpose (relief of entropium) without the slightest destruction of skin; 2. That for this reason it can be employed in cases where other methods are impracticable on account of excessive shortness of the integument of the lid; 3. That it does not mutilate the lid or interfere with its movements; 4. That in

cases of relapse it can be repeated without disturbing the natural appearance of the lid; 5. That the tension by which the inverted eyelashes are turned back to their normal position is rendered independent of the movements of the lid, because the distance between the two points, upon which tension is to exert its influence, viz., the upper border of the tarsus and the free edge of the lid, remains the same whether the lid is raised or dropped; while where the entropium is relieved by shortening of the integument, the tension is subjected to considerable variations, because it is regulated by the distance of the free edge of the lid from the supra-orbital margin. This distance varies with the movements of the eyelid; it is greatest when the lid is closed, and therefore in this position of the lid the tension exerts its greatest influence upon the tarsal edge; but when the lid is raised, its free edge approaches the supra-orbital margin; consequently, the integument between these two points becomes relaxed, and the tension is greatly diminished, and may even be reduced to zero. Under these circumstances, therefore, the upper lid can appear everted when closed, and inverted when open.

CYANIDES IN ACUTE RHEUMATISM.—Dr. A. Luton (*Independent Practitioner*) gives pills of zinc cyanide containing three fourths to one and a half grain doses a day. Potassium cyanide, pure and well prepared, is perhaps to be preferred, he thinks, to the salt of zinc, on account of its evident activity. In mixture he gives it in the dose of one and a half grains per day. It is best administered in the form of pills coated with silver. It is not advisable to go beyond two grains a day.

ABORTING HORDEOLUM.—Dr. J. P. McGee (*Medical and Surgical Reporter*) claims good results from the following in hordeolum when used within the first six to twelve hours. $\mathcal{R}$ Ex. fl. belladonna, gtt. iiij.; aquæ pluv. $\frac{3}{4}$ ij; M. Sig.—A teaspoonful every hour. At the same time calcium sulphide should be given one eighth or one tenth grain every hour, for five or six doses; then every three; although the belladonna is often sufficient alone.

DANGERS OF THE BROMIDE TREATMENT OF EPILEPSY.—Dr. W. A. Hammond (*New York Medical Journal*, March 31st, 1883) says that the bromide treatment of epilepsy is not altogether unattended by danger; he has lost three cases from it. In one case, the patient lived in North Carolina, and wrote to him complaining of the ill effects of the drug. Patients, however, are likely to magnify their

troubles, and he replied that she had better see her local physician and follow his advice. She did so, but her physician did not like to take the responsibility of stopping the treatment, and it was continued. She died shortly afterward from bromism. In another case, that of a young lady, pneumonia supervened on bromide poisoning, and caused death. He has observed that bromism predisposes to lung trouble. In a third case a young lady disobeyed his instructions and exposed herself, took pneumonia, and died. Weakness short of ability to stand up, and an acne eruption on the face and chest are not contra-indications to a continuance of the bromide treatment of epilepsy. He has had to stop the bromide frequently on account of indolent ulcers which it had produced. These can usually be cured easily by galvanism.

GELSEMIUM HYPODERMICALLY.—Drs. Bourneville and Bricon (*Progrès Medical*, March 10th, 1883) premise some directions as to the hypodermic use of this drug by the following observations. Gelsemium paralyzes the cerebral motor centres, respiration, increases, then diminishes reflex spinal excitability and cardiac contraction. It also produces sense of weight in the head, difficulty in the motion of the tongue, trembling of the hands, uncertainty of the fingers, sensations of cold, mydriasis when instilled into the eye, nausea and vomiting. The lethal dose of the alkaloid for man is from nine twentieths to nine tenths of a grain. The therapeutical dose of the alkaloid is one seventh of a grain, and of the tincture seven and a half minims. Eulenburg gives the following formula for hypodermic medication: Gelsemin. chlorhydrate, grs. xv.; aquæ, ʒ viiss. M. S.—℥i. to ij. at each injection. The chlorhydrate of gelsemine is about ten times stronger than the drug itself. The hypodermic use of gelsemine has been attended by good results in neuralgias. One part of gelsemine is soluble in 116 of water.

DETERMINATION OF SEX IN EMBRYO.—Pflüger (*Pflüger's Archiv*, Band xxix. Heft 1 and 2) has recently been experimenting with frogs, to determine the relations of this question. The first question arising was: Does the concentration of male spermatic fluid influence the sex of the offspring? Pairs of frogs were parted during the sexual embrace and in consequence at a time when the products of the generative organs are presumably right, the animals killed, and the male spermatic sacs emptied into a watch crystal. A second watch crystal filled with water was impregnated with spermatozoa by dipping therein the tips of the fine scissors used in opening the sacs.

This dilute spermatic fluid was frequently diluted from ten to twenty volumes, and from these new mixtures watch-crystalfuls of fluid were impregnated by the thin film clinging to the scissors tips. Ova of the female were allowed to glide in these fluids. The results were that, first, the fertilizing power of the spermatic fluid was not diminished by dilution, as all the ova were fertilized; second, dilution of the fluid had no effect on the sex of the frogs. Young frogs are found to be males, females, and hermaphrodites. These latter become finally male or female, but have at first the female organs only. In those which become males the testicles develop around the ovaries, which disappear. This fact explains the numerical predominance of females claimed by some authorities. No batrachian egg segments without previous fertilization.

ORIGINAL ARTICLES.

CONGENITAL ATRESIA VAGINÆ. Read before the North Texas Medical Association, March 21st, 1883. By L. B. STINSON, M.D., Sherman, Texas.

I was called four miles from Sherman, November 30th, 1879, to see Miss —, aged 20, having practised more or less in her father's family for twelve years previously.

She was one of a pair of twins, her sister having died under my care some ten years before. Miss — presented the appearance of being well developed, though she had never menstruated. About the age of sixteen she began to suffer the usual symptoms of approaching menstruation, though they were not regular monthly attacks, sometimes three and five months intervening. She had had but three very "bad spells" during the two years previous. Her mother had sought my advice several times during this time, and I advised tonics and out-door exercise, with coaxing measures when the attacks threatened, but with no beneficial results. She suffered a great deal during the ten days previous to my being called. I proposed frequently to examine her, thinking she might have an imperforate hymen, but she persistently refused, and only succumbed when her sufferings became excruciating and death imminent. To this she consented on December 2d, two days after my first visit. I found her with well-developed mammæ and external genitals, sallow complexion with yellowish cast of eyes, and spots of acne about the face. The urethral meatus was perfect and in its proper locality. A vaginal commissure existed with a depth of only about $\frac{1}{4}$ of an inch. There

were vulvo-vaginal glands as evidenced by an abundant secretion from them. Beyond the commissure described, the recto-vesical space was hermetically sealed. Her mother stated that the patient had never had any inflammation of these parts, hence I had no hesitancy in pronouncing the condition congenital. Being made aware that there was but one alternative before relief could be obtained, and that was to make an artificial opening up to the os-uteri, she consented to have it done. I then sent back to Sherman for proper instruments and chloroform, and requested the attendance of Drs. Thompson, Eagon, and Shuey. Drs. T. and S. came out, but Dr. E. at the time could not be found. The patient being chloroformed, I proceeded to operate by snipping with scissors, and tearing with index-finger until a canal about $\frac{3}{4}$ of an inch in diameter was made up to the vicinity of the os. The tissues were firm, and required a good deal of force to tear them with the finger. The uterus could now be felt through the remaining tissues and also through the rectum about as large as a good-sized orange. During the operation, one finger of the left hand was kept in the rectum, and a sound in the bladder to act as guides in penetrating the parts. We were not able to distinguish the os and cervix, and knowing that she had jumped from a wagon about the beginning of this attack, and thinking that the uterus might be retroverted, and not wishing to pierce it at any point save the os, and night coming on, we concluded to suspend further operations until the next morning, when we could have the valuable aid and counsel of Dr. S. Eagon. We accordingly met the next morning, at the patient's house, when, after again chloroforming her, the operation was commenced anew. Dr. Eagon now recognized the os and cervix through the remaining tissues, which were about $\frac{1}{2}$ or $\frac{3}{4}$ of an inch thick. He then with the finger, extended the canal to the os, which was sealed by some remaining tissue. The uterus was then opened by passing through the cervical canal a pair of long, straight scissors, closed, and having thus entered the cavity of the uterus, the instrument was withdrawn, after the method of Emmet, thus dilating the canal. When this was done several ounces of dark blood of a fetid odor escaped. The after treatment consisted in tying in the canal a glass speculum (the best that could be done in the emergency) with a bandage. This was removed twice a day, and the newly made canal syringed out with carbolized tepid water. The solid glass plug, as recommended by Emmet,* was suggested by Dr.

Eagon, who kindly ordered the same from New York. In the mean time the speculum producing pain on being introduced was substituted by a hollow silver tube, closed at one end and tapering to a point, which I had a jeweller to make for me. This was used for three weeks, when it was replaced with the glass plug above mentioned. From the first, a considerable muco-purulent discharge continued to pass from the canal until about the last of February following, when it gradually ceased altogether. This discharge, I have no doubt, came in part from the uterus, for it is fair to presume that metritis existed, having been set up by the imprisoned menses. During this period she had several attacks of chills which yielded to quinine, strychnia, and iron. In about one month from the cessation of the discharge she had the first essay at a regular flow, passing about an ounce of menstrual blood. At this time, March, 1883, she presents the appearance of perfect health, of fair complexion, and the embonpoint of a perfect woman. Since the discharge of the case it has not been my privilege to examine the canal, and hence I cannot state what its size is at present.

CHOREA IN INFANTS. By J. C. IRONS, M.D., Huttonsville, W. Va.

Having rather an unusual case of chorea, I thought it might be of some interest to the profession to give you a note of it.

On March 5th I was called to see Mrs. O., a lady nearly 40, in her ninth labor. She had been unwell for some days, and was in the hands of a midwife. On examination, I found everything normal, minus the pains. I gave three five gr. doses of sul. quinine, which brought on labor very promptly. She had an easy delivery, giving birth to a large, well-developed male child. All seemed to do well for about six days, when the mother informed me she noticed some queer muscular twitchings about the arms, at first, and it became so violent that the family was terrorized with the "*idea of fits*." I was called in on eighth day from delivery, and found the child having spasmodic muscular twitchings of face and extremities, sometimes unilateral and at others bilateral. It seemed perfectly well, excepting bowels rather loose. I prescribed subnit. bis. for bowels, and thinking the trouble to be caused by irritation, gave brom. pot. and brom. ammon. for the convulsions. This treatment mitigated but did not remove the trouble. I then prescribed tr. ferri chlor., liq. pot. ars., aa 3 ss.; aq. 3 j. Sig.—One drop in water three times a day. On the tenth day the child was entirely well, and has been doing finely ever since. I have read Flint, Niemeyer, and Beach on

* In this Journal of January 27th, 1883.

chorea, and neither mention any case so young, but all say it is rare before the second dentition, and is most frequent in badly-nourished children, and usually females. Others say it is due to a rheumatic diathesis, all of which was absent in this case.

THE ASCARIS LUMBRICOIDES. By R. W. SEAY, M.D., Pilcher's Point, E. Carroll Parish, Louisiana.

In this part of Louisiana, these worms are often met with in the families of the laboring classes, especially during the month of June, July, and August. Last year the vegetable and fruit crop, especially peaches, was large, and the prevalence of ascaris lumbricoides greater than usual. Often have I given to children in families vermicides at the same time, and several children at the same time would pass lumbricoids. Had a patient less than a year old, while sucking at its mother's breast, but eating foods of various kinds during the interim, to pass a lumbricoid. Had another patient twenty one years old and the father of a family affected in the same way. Most patients are between eight and twelve years old. Convulsions and death are sometimes caused by the passage of these worms into the larynx and through ulcerated openings in the intestines into the abdominable cavity. I will relate two cases of convulsions followed by death.

CASE I. July 14th, 1882, was called at 11 o'clock A.M. to see R. B., æt. 10 years. She had been having slight fevers for several days, and at 9 o'clock A.M. this day had a severe convulsion followed by another every half hour. She had passed a lumbricoid the day before. I gave potassium bromide, calomel, and santonine in a pint of warm water as an enema, and fluid extract ipecac by mouth. Bathed body in mustard and water. Convulsion continued every half hour, and during one she passed four lumbricoids at least ten inches long. There seemed to be great irritation about the larynx, and I caused emesis by ipecac. There must have been the passage of a lumbricoid into the larynx, for the convulsions continued in spite of an enema of chloroform and milk and the remedies aforementioned; for she died at 2 o'clock P.M.

CASE II. July 29th, 1882, was called to see M., female, æt. 8 years, at 11 o'clock A.M. She had fever yesterday and to-day. Pulse at present 80, temperature $99\frac{1}{2}$, fever diminishing. Diagnosis was intermittent fever complicated with worms. Gave calomel grs. iv., santonine grs. ij. at once, and this to be followed by a dose of oil at 4 P.M.; gave aconite and water every half hour to allay fever, and quinine during night and next morning. July 30th, was called at

12 M., and found child had been having convulsions since 6 o'clock A.M., and had passed several worms. Gave an enema of soap-suds, powd. ipecac, and water, and by mouth bromide potash. Bathed body in mustard and water. There was gaping every few seconds, convulsions continued, and she died at 1 o'clock P.M. In the early stage an almost infallible remedy is, say for a child of ten years, calomel grs. viij., santonine grs. iij. in castor oil 3 ij. Santonine should be finely powdered, and I have, when it is thus prepared, seen no deleterious results from it. Ten drops of turpentine and castor oil 3 ss. often have a beneficial effect. The combination of fluid ext. spigelia and senna is useful. Wormseed-oil, in doses of gtt. x. three times a day to a child of five years, has a good effect sometimes. The thread- and tape-worms are not so often seen as the lumbricoids in this vicinity.

SELECTIONS.

RELATION OF THE TUBERCLE BACILLUS TO PHTHISIS.

Made at the Meeting of the Medical Society of London, Feb. 12th, 1883. By C. THEODORE WILLIAMS, M.D., F.R.C.P., Physician to the Hospital for Consumption, Brompton.

Since the announcement of Koch's celebrated discovery of the tubercle bacillus, attention has been closely directed to its detection in the sputum of phthisis, and subsequent observations have confirmed its intimate connection with the disease, though the exact part it plays in its pathology and causation will require much further research to elucidate. The first question of importance which meets us is, Are the bacilli always present in the sputum of phthisis, and absent in that of other diseases? Important evidence has been given on these points by Drs. Balmer and Fraenkel, D'Espine, and Drs. Heron, Whipham, and Dreschfeld, and now I propose to give the results of the examinations which have been carried on in the Brompton Hospital for some months with a view to test Koch's conclusions. The number of patients whose sputum has been tried is one hundred and thirty. Some earlier examinations were made, but as they were few in number, and not systematically carried out, I have omitted them. The method used was that of De Heneage Gibbes, the staining being accomplished by his magenta aniline solution and chrysoidin; in some later slides methylene blue was substituted for the chrysoidin. The specimens tested were either taken from the sputum collected during the twenty-four hours or from that

expectorated in the early morning, and the rule adopted has been in the case of a negative result to repeat the examinations two, three, or four times so as to insure accuracy. Forty-five of the patients were under my care, and eighty-five under the care of my colleagues, Drs. Douglas Powell, Tatham, Reginald Thompson, and Roberts, who kindly allowed me to make use of the examinations and records made in their wards. In one hundred and three cases the slides were prepared and examined by my clinical assistant, Mr. G. Perez, and in twenty-seven by my other clinical assistant, Mr. Waugh. Dr. Powell's thirty cases have been carefully checked by him, and I have myself gone through all the others with a good Zeiss microscope with an F objective and a No. 4 eyepiece, giving a magnifying power of 1020. Twenty-one patients were examples of various lung affections other than phthisis; two were cases of asthma, five of emphysema, two of bronchitis and emphysema, three of bronchitis, one of pleurisy, three of bronchiectasis, one of pneumonia, one of empyema, two of pulmonary congestion (the result of heart disease), and one was an obscure case of lung induration. In no one of these did the sputum contain bacilli. The one hundred and nine phthisical cases consisted of acute and chronic forms, and included instances of tuberculo-pneumonic phthisis, of scrofulous pneumonia, of fibroid, catarrhal phthisis, and a large number of cases of chronic tubercular phthisis. Cavities were detected in one or both lungs in eighty-one of these patients, nine were in the stage of early consolidation, the rest were undergoing softening or were cases of old tubercular induration with emphysema and fibrosis. In the one hundred and nine phthisical cases we detected bacilli in one hundred and six—that is, in all but three; and even of these three, in one it could not be affirmed with certainty that they were absent. There was a difference of opinion between the two observers, and unfortunately the patient left the hospital before we obtained a further specimen. In another, a case of contracted cavity, under my charge, the sputum was so scanty that it was very difficult to obtain any, and I have my suspicions that the secretion, owing to the blocking of the cavity bronchus, was entirely bronchial. In the other case the slides were not very successfully mounted, and circumstances prevented our obtaining more sputum, but I thought it just to include it in the list.

So far our results agree with those of previous observers as regards the specific character of the bacilli, and the fact that none were found in the cases of bronchiectasis, in which the expectoration was extremely fetid and abundant, separates the tubercle

bacillus from any of the numerous organisms connected with fermentation and decomposition.

Most of our consumptive patients had cavities, but it will be observed that nine were cases of early consolidation. These were all cases in which both the history and the physical signs forbade any suspicion of a cavity, and I offer them as a proof that the bacilli are found in connection with tubercle formation, and not only with softening and excavation. It will be remembered that in some of Koch's specimens they were seen together with miliary granulations. Dr. Heneage Gibbes' distinction of two kinds of tubercle, one containing bacilli and another devoid of it, is most important.

The second question seems to be as to the relation between the numbers of the bacilli and the progress of the disease. Is their abundance coincident with great activity, and does their disappearance indicate quiescence? In dealing with this point we must bear in mind the different expectorating powers of patients, some of whom, especially in the later stages, have great difficulty in ejecting the secretion, large accumulations of which are often found in cavities after death. Then, again, we must remember Dr. Gibbes' caution as to insuring that the material comes from the lungs and not from the throat. A third consideration is, What do we understand by activity of disease? I take it as signifying either extending tuberculization or softening and excavation, or a combination of both processes. The occurrence of pyrexia, and especially of prolonged pyrexia, indicates some form of activity, though it is possible, as I have shown elsewhere, the disease can progress and extend without this concomitant. Where, however, it is present, we may be quite certain that active tuberculous processes are going on.

Temperature observations were carefully taken in all the one hundred and nine cases, and in fifty-one pyrexia, ranging from 100° to 105° F., was present at the time of the examinations. In some of these pyrexial cases the bacilli were very abundant, but in others, though the sputum was abundant, bacilli were few, and this in spite of numerous careful observations. In one patient under my care, a case of acute tuberculo-pneumonic phthisis, which terminated fatally in ten weeks, the temperature ranged from 100° to 103° F. Cavities formed in both lungs, and the expectoration was fairly abundant. Bacilli were present, but always in small numbers. In another case of somewhat acute disease, where a cavity existed in one lung and a second one was forming in the opposite lung, the temperature ranging from 99° to 103° F., it was only after four trials that any bacilli whatever were detected. In some chronic

and quiescent cavity cases the bacilli have been found in fair number, and even abundantly. In two cases of hæmoptysis, under the care of Dr. Tatham, bacilli were detected in the blood expectorated. With regard to the proportion present during periods of quiescence or arrest of the disease, I should regard their total disappearance as an eminently favorable sign. Out of four cases of contracting cavities where very favorable changes were progressing, bacilli were detected in three, but in small numbers; in the fourth case, above mentioned, none were found. Therefore we are hardly justified in concluding that there is any definite ratio between activity of disease and number of bacilli, though as a rule there are few in cases where the disease is quiescent.

Now, what bearing has the bacillus on the question of the contagion of phthisis? And to answer this question we must ascertain whether they exist in the air exhaled by consumptive patients, as well as in their sputum. Dr. Ransom has found them in the air of a room containing several advanced cases of phthisis, and they have also been detected in a respirator worn by a patient by Dr. Charnley Smith. I have suspended glass plates covered with glycerine in the extracting flues of the Brompton Hospital, and thus subjected them to a stream of air with a velocity of 300 to 400 feet a minute issuing from numerous wards containing consumptive patients. In this way I sought to obtain a concentration of the exhalations, and on testing the plates they were found to contain abundant bacilli. Of course this was bringing the material to a focus, but still we may fairly conclude that the breath of one consumptive patient contains some bacilli, and remembering the number of respirations performed during the day, each must distribute a large number of these in the atmosphere, especially of crowded cities, where so large a proportion of the mortality is from consumptive diseases.

Taking into consideration the sputum, which, when dried, may be disintegrated and inhaled in our streets, we must admit that if the bacillus is the agent of infection it is a very widely spread one. How are we, therefore, to account for the comparatively few instances of infection? The evidence of the Brompton Hospital distinctly negatives any idea of its contagion, in the ordinary sense of the word, the number of cases of phthisis occurring among the resident staff being fewer than even at some general hospitals. Also intimate life with a consumptive patient, such as the relations between husband and wife, mother and daughter, two sisters, and members of the same family living together, ought to insure certain contagion; whereas we know this is not so. Some cases are contracted in this way, but they are

few in number. I would offer as an explanation that the bacillus requires in every instance a congenial soil to enable it to multiply and to carry on its work. Such soil is to be found in individuals who have been subjected to one or more of the well-known predisposing causes of consumption, such as heredity, bad food, bad ventilation, overwork of mind or body, unhealthy occupations, damp soil, which bring about that blood crisis, or weakness of constitution, which shows itself in various low inflammatory processes, in the exudation of leucocytes, the formation of giant cells, in adenoid hyperplasia, in the tendency to form and exude cells which grow and do not develop into tissue, but die and caseate. The bacillus penetrating to the lungs of such subjects probably sets up centres of inflammation, giving rise to adenoid hyperplasia and the formation of miliary tubercle, and then spreading through the lymphatics it assists in the work of consolidation and destruction. In the walls of cavities it probably finds the best conditions for growth and development—viz., warmth and moisture. People in good health, with sound organs, in full physiological activity, may defy these organisms, and it is probable do inhale them with impunity. While, therefore, the bacillus must be duly considered in the origin of phthisis, it may be regarded as a more or less exciting cause of the disease, requiring a previous weakening of the constitution to enable it to act. It is, however, possible, if in great numbers and under specially favorable opportunities for multiplication and development, such as are to be found in the hot climates of the South Pacific Islands, that even individuals not predisposed may be attacked, and that the disease may run a particularly short and virulent course.

As to prevention and treatment, the points to be aimed at are: first, the disinfection and removal of the sputum, a measure which was carried out at the Brompton Hospital long before Koch's discovery of the bacillus; the next is the dilution of the bacillus by good ventilation, and its destruction, if possible, by local antiseptic treatment in the form of inhalants, sprays, etc., and to carry this out a number of respirators of different shapes and sizes, containing a great variety of antiseptics, have been strongly recommended. After prolonged trial of nearly all of these, I have been greatly disappointed with the results. When the antiseptics are combined with some sedative, such as chloroform or conium, the patient often experiences some relief to the cough from wearing such respirators; but by careful physical examinations I have thoroughly satisfied myself that the use of antiseptics in this form exercises no influence on the progress of the disease, while, by a certain extent

muzzling the patient, they interfere with the freedom of the respiratory movements which is so essential in the treatment of phthisis. Warm antiseptic inhalations or steam sprays impregnated with these substances, or the fumigating of rooms by dry antiseptic vapors, are not accompanied by this latter objection, and are therefore preferable. Measures directed to the fortifying and strengthening of the constitution, and thus enabling it to withstand the attacks of the bacillus, will be found most effective in the long run, though I would not exclude antiseptic treatment, especially in the form of pure air, pure food, and abundant exercise in mountain climates, which induce more complete development of the organs of respiration.—*Brit. Med. Jour.*

INTRA-UTERINE INJECTIONS IN THE TREATMENT OF PUERPERAL SEPTICÆMIA. An Abstract of Remarks made before the New York Medical and Surgical Society, February 10th, 1883. By T. GAILLARD THOMAS, M.D., Clinical Professor of Gynæcology in the College of Physicians and Surgeons, New York.

The following case seems to me to illustrate what should be the accepted treatment of puerperal fever or puerperal septicæmia, at the present day. The case was that of a lady in the higher walks of life whom I was called to see about a month ago, in consultation by her physician, a man of wide experience. She was a primipara, was taken in labor at four o'clock Sunday afternoon, and at nine o'clock in the evening was delivered of a female child, without any difficulty or assistance. Her physician examined the external genitalia carefully, and found no tear whatever. The nurse was instructed to syringe out the vagina carefully the next day with carbolized water, which she did. The first forty-eight hours passed by without any bad symptoms at all, but, on visiting her on Tuesday morning, the physician found a temperature of 101° F., and in the evening it had risen to 102.5°. The next morning, the morning of the fourth day, the temperature was 103°, and the patient began to complain of very severe pain in the right iliac fossa. There had been no chill. At five o'clock in the afternoon the temperature was 106.5° in the mouth. The patient's appearance became wild, as of one who was about to have puerperal mania; the skin was hot, and she was crying out with pain, although she had received a good deal of morphine.

Having now been called to see the patient, I took the temperature in the mouth myself, and confirmed the record of her physician, that it was 106.5°. The pulse was 145. Making a vaginal examination,

I found a bilateral laceration of the cervix uteri, extending nearly up to the vaginal junction. Probably this extensive laceration partly accounted for the rapidity and the ease of the labor as occurring in a primipara. I urged that the uterus should be washed out with carbolized water at once, but her physician had never seen the method practised, and was strongly prejudiced against it; he finally consented, only because it was apparent that unless something decided was done the patient would soon die. Using the Chamberlain tube and the Davidson syringe, Dr. Jones, and afterward Dr. McCosh, continued to wash out the uterus with carbolized water every four hours during the night, and the next morning the temperature was found to have sunk from 106.5° to 101°; the pulse had fallen from 145 to 120; the patient, who had been given opium quite freely during the night, declared that she was very much relieved. Indeed, the relief had been so extraordinary that they began to believe that the danger was not real at all; that some exceptional circumstance had occurred, and that there was no septicæmia. The uterus was now washed out at longer intervals, but at once the temperature went up to 102°, 103°, 104°, and 105°, and the patient again began to look maniacal. The uterus was now washed out every three hours, opium was freely administered, ten grains of quinine were administered every eight hours, ice-water was passed through a coil of rubber tubing placed over the abdomen; and as long as this treatment was kept up the temperature did not rise above 101° or 102°; but so soon as they ceased to wash out the uterus the temperature at once rose to 104°, and at times to 105°. This fact was proved by repeated trials.

After this treatment had been continued for ten days, a physician remaining with the patient day and night, giving the injections every three hours, and thirty grains of quinine during the course of the day, it was believed to be time to stop it; but in less than twenty-four hours the temperature again rose to 105°. I mention the amount of quinine which was being taken particularly, so as to prove positively that there was nothing of a malarial character in the case at all. On the sixteenth day after delivery, the tenth day after the commencement of the high temperature, the intervals between the uterine injections were extended from three hours to four, then to five, six, and seven hours, and finally they were discontinued altogether, and at the same time the administration of quinine was given up and the coiled tubing was taken off. Opium was continued in small doses for a while longer, and the patient recovered entirely.

I wish to contrast this case with another which I saw just before—that of a woman who had been recently delivered of her third child. When I was called to see the patient the temperature was 106° ; she had been taken with violent pain in one iliac fossa, and had been put five days before pretty profoundly under the influence of opium, and a blister had been applied over the whole of the abdomen. Large doses of quinine had likewise been administered. When I saw the patient the use of intra-uterine injections was begun at once, but the patient lived only twenty-four hours, and died in a state of coma.

It seems to me that the time has arrived when puerperal septicæmia should be treated upon just as simple a plan as septicæmia of any other kind is, namely, by washing with some antiseptic fluid the surface where the disease originates—some fluid which will remove the poisonous material which is being absorbed, and also, so far as possible, neutralize its poisonous qualities. In brief, I would say that puerperal septicæmia, with our present light on the subject, should be treated in the following manner: First, wash out the uterine cavity completely with some antiseptic fluid; second, quiet all pain by opium; third, get the peculiar influence of quinine upon the nervous system; and, fourth, keep the temperature, at all hazards, at or below 100° by the methods which we now possess. Three years ago, at the American Gynæcological Society, which met in Baltimore, I took the ground which I take to-day regarding this subject, and only one gentleman in the entire society supported my view. Every other member who spoke referred to the dangers of introducing air into the uterine sinuses during the injection, etc. But I believe that the dangers attending the use of the injections are counterbalanced by the benefits to be derived. I do not think there is the least probability that air will be introduced if a tube of large size—as large as the finger—is used. But when a catheter is employed, there is some danger of inserting it into a sinus and introducing air and fluid together directly into the vessels.—*N. Y. Med. Jour.*

ON THE TREATMENT OF THE COMMONER FORMS OF SKIN DISEASES. By J. LESLIE FOLEY, M.D., C.M., L.R.C.P., London, Assistant Demonstrator of Anatomy, Faculty of Medicine, Bishop's College, Attending Physician to the Montreal Dispensary.

To arrive at a correct diagnosis in a case of skin disease is sometimes a difficult object to attain; to effect a cure is even more puzzling and annoying. Who has not had his professional vanity sadly tried by an obstinate case of tinea tonsurans, acne, or

eczema, after running through the whole armamentarium of the Pharmacopœia, only to find that it still persists. Having had ample opportunity of sitting at the feet of such Gamaliels and lions on skin as Jonathan Hutchison, Living, Malcom Morris, Sangster and Stephen Mackenzie, and carefully noted their line of treatment, I have ventured to throw together in simple outline some remarks as to the best method of combating the more common forms of these diseases. And, first, eczema: In acute eczema the best local application is lotio plumbi applied on lint, the lint being kept continually moist. Dusting powders, such as oxide of zinc and starch, will also be found useful, and a lotion of carbolic acid (1 in 40) will relieve the itching.

Chronic Eczema.—Carbolic acid here, as in the acute stage, is one of the most useful remedies. It may be applied in the form of either a lotion or ointment x to xv gr. ad. $\mathfrak{z}$ i of the ointment. Thymol, highly recommended by Dr. Crocker of London, in the strength of v to xx gr. ad. $\mathfrak{z}$ i, might be tried. Similar in effect to carbolic acid are the preparations of tar, which are the most serviceable of all external remedies. To obtain good results they should be handled with care; unless used at the proper time, and of suitable strength, they serve only to irritate, and when this occurs they should be abandoned at once. Tar is of most benefit when the disease has reached the chronic stage. It should never be used in the acute. If there be much swelling and inflammation it likewise should be withheld. Ointments of varying strengths are the most suitable means of applying tar, for in addition to the stimulating effect of the remedy an emollient effect is obtained. The ointment should not be too strong—from i to ii 3 ad. $\mathfrak{z}$ i is usually sufficient. The two forms of tar commonly used are the pix liquida and oleum cadinum.

R̄ Olei Cadini. 3 iss.
Cerati Simplicii. i.
Olei Amygdalæ Amar. gtt vi.
M. Ft. ungt.

This makes one of the most elegant tarry preparations. But there is another preparation of tar which, although known to the profession in this country, is not so well known as it deserves to be—I refer to the liquor carbonis detergens. It is a saturated alcoholic solution of coal tar, and made by Wright & Co., of London, and J. P. Remington of Philadelphia, and may be had at Kenneth Campbell's. It is in great repute in England, and yields most beneficial results. The ointments which are most generally used in the treatment of chronic

eczema in the London hospitals are the ungt. petrolei co., and the nitrate of mercury ointment. Both are excellent. The following is the formula for the ungt. petrolei co. :

℞ Liq. Carbonis Deterg. 3 ss.
Hyd. Am. Chlor. gr. x.
Vaseline. 3 i.
M. Ft. ungt.

If the skin is greatly infiltrated, or the epidermis much thickened, solutions of potassa fusa used with excellent results, v gr. ad. 3 is usually sufficient. When the eczema consists of very chronic, dry small patches, the best treatment is to blister with acetum cantharides or the liq. epispasticus. Professor Hebra's treatment will succeed sometimes when other treatment fails. It is of especial service in chronic eczema of the leg. It consists in the application of sapo viridis, followed by the immediate use of an oily ointment. The ointment used in preference by him being the ungt. diachyli. A small lump of the soap, the size of a nut, is smeared upon a piece of flannel. This is to be applied directly to the patch of disease and rubbed firmly, and with moderate pressure, upon the skin until all traces of the soap disappear. The piece of flannel is now dipped into warm water and again applied in the same manner to the part, when an abundant lather will be formed. More water is added from time to time until copious suds cover the skin, when with clean water the diseased surface is thoroughly washed off, freed from all signs of soap, and carefully dried with a soft cloth or towel. The rubbing should be kept up, in mild cases, from five to ten minutes, in severe to about twenty minutes. The first application should always be somewhat moderate, that too great a destruction of epidermis be not produced. The sensations of the patient will always serve as a guide to this point. The application is not painful, as might be supposed, but, on the contrary, agreeable, and relieves the itching; as a rule, it at once affords ease to the patient. The skin immediately after the washing presents a red and angry appearance, and is now ready for the ointment; this is spread on strips or pieces of soft flexible muslin. It is well not to make one large piece cover the whole, but it is preferable to have several pieces, in order that they may be the better adapted to the skin. The ointment should be spread thickly on the rags, finally the part should have outside cloths applied to prevent the oil from oozing through, and be bound down by a bandage. The bandage is a matter of moment, for its proper application contributes materially to the success of the treatment. It is essential

that the ointment be brought in close contact with the skin and kept in position. The entire operation should be repeated twice daily, morning and evening.

Eczema of Hands.—Hands should be protected from all irritating influences; they should be kept out of water, and free use of soap prohibited, exposure to heat also avoided. Rubber gloves will be found useful. In the majority of cases stimulating ointments most useful, as calomel or boracic ointment.

Eczema of Nipple.—Best treated with sapo viridis and ungt. diachyli. Application of nitrate of silver xx gr. ad. 3 i highly spoken of by Living.

Eczema of Beard.—Crusts removed by oil and poultice, hair cut away or shaved off; apply ungt. petrolei co. In chronic stage use stimulating ointments.

Eczema of Eyelids.—In mild cases apply nitrate of mercury ointment; in severe cases pull out eyelashes, and touch edges with solution of potassa in water, x gr. ad. 3 i (McCaul Anderson). The alkali should be immediately neutralized with dilute acetic acid. Operation repeated every few days, after which nitrate of mercury ointment applied.

Eczema of Leg.—In cases of moist eczema the most successful treatment is that with sapo viridis and ungt. diachyli. The limb should be carefully bandaged, and when eczema is associated with varicose veins Dr. Martin's elastic bandage should be applied. Squire, of London, recommends the glycerole of the subacetate of lead, xv to xxx gr. ad. 3 i, in these cases.

Eczema Intertrigo.—Dusting powders of oxide of zinc and starch with or without calomel used. Ungt. zinzi one of the best applications. Parts should be seldom washed.

Eczema of the Genitals.—Sapo viridis and ungt. diachyli; in acute stages lotio nigra followed by ungt. zinci and calomel. Carbolic acid x gr. ad. 3 i, useful. Thymol also useful. Painting the part with tr. iodini sometimes serviceable.

Eczema of Head.—After the crusts have been removed by poulticing, the best application is the ungt. hydr. uit. In all cases of eczema the ordinary washing with soap and water must be forbidden, and this is especially the case when the delicate and healthy new cuticle is forming, for then water macerates and destroys it, and thus the duration of the disease is needlessly prolonged. While the local treatment is of paramount importance in eczema, the constitutional is not to be neglected; arsenic should be given and tonics of iron, quinine, etc., administered.

Psoriasis.—When the psoriasis covers the whole

trunk, or is nearly universal, the best treatment is by alkaline warm baths. Pot. carb. $\mathfrak{z}$ ii to $\mathfrak{z}$ iii should be added to an ordinary bath. The patient should remain in the bath for at least an hour and a half daily to do any good. The best time for taking the bath is shortly before going to bed, to avoid dressing again. The temperature of the bath should be 90° to 98° . After coming out of the bath the patient should be rubbed and anointed with vaseline, which should afterward be wiped off. When psoriasis attacks a leg, or a not too extensive surface of the body, then the tarry preparations and chrysophanic acid will be found most beneficial. Of the two I prefer the application of tar; it may be applied either as an ointment or lotion, the latter most satisfactory; it dries quickly, and does not easily rub off on to the clothes. My treatment would be to paint the liq. carb. deterg. with a camel's-hair brush over the part affected two or three times a day. Chrysophanic acid has certainly yielded splendid results, and is much more active than tar; but it has a great many disadvantages, as setting up inflammation, staining clothes and hair, etc. It is used in the strength of $\mathfrak{z}$ i ad. $\mathfrak{z}$ i of vaseline. Pyrogallie acid xxx gr. ad. $\mathfrak{z}$ i is useful, and less open to the objections of the former. In dealing with psoriasis of the scalp the free use of soap or spirits of soap is very good, followed by the liq. carb. deterg. or the red or white precipitate ointment diluted with vaseline. In the chronic spots of psoriasis, about the knees, the same treatment is excellent. Obstinate cases of psoriasis often yield to the tinct. saponis. viridis c. pce., which consists of equal parts of pix liquida alcohol and sapo viridis. Sulphuret of calcium has been highly recommended in these cases. The following is a good formula.

$\mathcal{R}$ Calcis $\mathfrak{z}$ ss.
Sulphuris Sublimati..... $\mathfrak{z}$ i.
Aquæ $\mathfrak{z}$ x. M.

In the constitutional treatment arsenic and tonics should be given, and always remember the possibility of the gouty and scrofulous diathesis. I have seen cases of psoriasis rebellious to all local treatment yield like a charm to vin. colchici. I need not say that the patients in these cases were gouty.

Scabies.—Sulphur ointment, half the strength of the Pharmacopœia ointment, is the remedy which you will find do the most good. The best time to use it is at night. Give it with the following directions: To be rubbed all over the body, with the exception of the head, and especially on the hands, buttock and lower part of the abdomen; and the underclothing used during the previous day, as

socks, gloves, drawers and jersey should be worn during the night. This thoroughly disinfects the clothes, at the same time keeping the ointment well applied. In the morning a warm bath should be taken. The process should be repeated for three nights, and subsequently the ointment should be rubbed on the hands, wrists and buttocks for a few nights. When you are confronted with a case which you have had under treatment, but are not certain whether it is cured or not, you will find an ointment of bal. of Peru ($\mathfrak{z}$ ii ad $\mathfrak{z}$ i) an excellent application. It does not irritate or annoy the patient.

Tinea Tonsurans.—In mild cases painting the part with tr. iod., and afterward apply an ointment made with hydr. ammon. xx gr. ad. $\mathfrak{z}$ i will be all that is necessary. In more severe cases the oleate of mercury ointment, 10 per cent solution made by rubbing x gr. of freshly precipitated yellow oxide of mercury with xc gr. of oleic acid until dissolved, is one of the very best applications. A point of some moment, which I have often heard Dr. Living of London lay stress upon in his clinique, is to order the patient to have the head smeared over with carbolyzed glycerine in order to prevent the disease spreading to others. Dr. Alder Smith recommends equal parts of carbolic acid, citrine ointment and sulphur ointment as very effectual. If the disease is in an early stage, and consists of one or two circumscribed spots, the best plan is to cut the hair short all around the spots, and apply with brush Coster's paste, which consists of:

$\mathcal{R}$ Tr. Iodii. $\mathfrak{z}$ ii.
Ol Picis..... $\mathfrak{z}$ i. M.

Lichen.—The remedy *par excellence* is arsenic internally—Fowler's solution most commonly used. Some soothing lotion should be used externally such as the appended:

$\mathcal{R}$ Sodæ Biborate
Sodæ Bicarb aa $\mathfrak{z}$ ii.
Acid Hydrocyan. dil..... $\mathfrak{z}$ i.
Glycerine $\mathfrak{z}$ ii.
Aquæ ad. $\mathfrak{z}$ viss. M.

Hutchison says in lichen planus start with liq. sodæ arsenitis, but if it does not get better give liq. arsenicalis, or both combined.

Acne.—You will find the following treatment of acne to be the most satisfactory. The face should be steamed every night by holding it over a basin of hot water for a few minutes. The skin should be then well rubbed for five or six minutes with soap and flannel, or a soft nail brush may be used with advantage when the skin will bear it; the soap should then be sponged off with warm water. When the

face has been dried the following lotion should be applied, and allowed to dry and remain on all night :

℞ Sulphur precip 3 ii.
Glycerini..... 3 ii.
Spt. Vini..... 3 i.
Aquæ Calcis.....
Aquæ Rosæ.....aa 3 iii. M.

In inveterate cases of acne the following will be found particularly serviceable :

℞ Sapo Mollis..... 3 i.
Spt. Rectificate..... 3 iss.
Ol. Levandulæ..... M xx.
Aquæ ad..... 3 vi. M.
Ft. Lot.

The lotion should be applied with a piece of flannel and vigorously rubbed on the skin. It should be washed off and then the sulphured lotion applied. In treating diseases of the skin one should always bear in mind the late Professor Hebra's admirable advice : whatever course be adopted, constancy and perseverance are of the utmost importance. He who is always changing his plan of treatment is sure not to attain his object so quickly as one who steadily and patiently applies whatever remedy seems best suited to his case.—*Canada Record.*

TRANSLATIONS.

ACADEMY OF MEDICINE, SESSION OF JANUARY, 1883.

TRANSLATED FROM THE *Union Médicale* FOR
GAILLARD'S MEDICAL JOURNAL. By H. McS.
GAMBLE, M.D., Moorefield, W. Va.

Discussion of Typhoid Fever. M. G. Sée has the floor for the continuation of his discourse upon the treatment of typhoid fever. The speaker takes up the question of cold baths. He proposes to show the extremely grave inconveniences of this, according to him, illy understood mode of treatment, from a physiological and clinical point of view, and of which the results are by no means in harmony with the previsions of the theory. Examining the German statistics, the speaker shows that there is by no means a unanimity of opinion among the authors of that country who have most extensively employed the treatment of typhoid fever by cold baths.

From Brand, the father of the method, and whose researches extend back eighteen or twenty years, up to the present time, the majority of German physicians disagree, not only upon the results of the treat-

ment, but even upon the mode of employing the cold bath.

Brand plunges all fever cases, of whatever kind they may be, into the cold bath, and that within the first two or three days of the disease, attributing the principal cause of his success to the promptness with which he employs the treatment. One has, he says, so many more chances of success as he subjects the fever patients to the treatment within the first three days of the attack.

It will escape no one that the diagnosis of typhoid fever being very difficult to determine in the first three and even in the first five or six days of the disease, Brand exposes himself thus to the risk of applying his method to diseases entirely different from typhoid fever—catarrhal fevers, gastric fevers, mucous fevers, etc.

There is, on the other hand, another very eminent physician, German, if you please, although he is Swiss, and has practised at Bâle, the only one who, in the eyes of M. Germain Sée, has studied and applied the treatment by cold baths in a serious and conscientious manner, Liebermeister. In the statistics given by this author, and which comprise three thousand cases of typhoid fever treated at Bâle, we find the following results : During a period of twenty years, 1844–1864—that is to say, before the introduction of the treatment by cold baths—the mortality from typhoid fever was 27 per cent ; since 1865, the time of the application of the method, this mortality has come down to 9½ per cent. These are certainly excellent results, and which at first sight prepossess us in favor of the baths—but, if we look a little more closely into the matter, we perceive that they have been obtained by a complex medication in which quinine and salicylic acid figure by the side of the cold baths ! Complex results in which it is difficult to assign the part of the cold baths, of the sulphate of quinine, and of the salicylic acid treatment.

M. Ziemssen (de Munich), instead of plunging his patients into a bath of 20° C., puts them into a bath at a temperature raised at first to 32°, which is gradually cooled down to a final temperature of 22° and 20°. But in acting thus, contrary to the method of Liebermeister and Brand, he obtains, nevertheless, the same success as his colleagues.

M. Riess who has been one of the greatest enthusiasts for the cold baths—to which he owed, said he, numerous and brilliant successes in the treatment of typhoid fever—M. Riess has finally abandoned the cold baths for salicylic acid, of which he has been the none the less ardent trumpeter ; then he gave up the salicylic acid, and to-day he plunges his fever

patients into baths as hot as possible, and keeps them there whole days ; he declares that this medication by warm baths gives him wonderful results ; he said as much of the cold baths and of salicylic acid.

A fourth German physician gives a statistical report, none the less favorable to cold baths ; but this report is tainted with a cause of error. This physician, too credulous and too confident, is wrong in not seeing that his prescriptions are punctually carried out ; one of his patients, *privat docent*, devoid of all enthusiasm for the cold bath, had brought to him some salicylic acid which he took without the knowledge of the chief of staff, and the latter, astonished at the fall of temperature that he observed at his visits, did not fail to attribute to the efficacy of the cold bath the happy effects of the salicylic acid treatment. German statistics are hence absolutely defective, and it is impossible to draw therefrom, relative to the action of the cold bath in typhoid fever, any serious deductions. The speaker then asks himself whether the treatment by the cold bath is, at least, justified by the laws of physiology.

The partisans of this treatment supposed, without doubt, that the human body plunged into a cold bath cooled off there like a crystal. They forgot that the human body is an organism, and an organism possessing a wonderful faculty of reproducing the heat in the same proportion that it is extracted from it. We have within us a heat-producing nervous centre, a calorigenetic centre, and another nervous centre which has the property of distributing the heat through the entire organism.

When the body is plunged into the cold bath, the impression is carried by the cutaneous nerves to the vaso-motor nervous centre, which, by virtue of its reflex action, reflects it upon the vessels, through the medium of the vaso-motor nerves, and produces constriction of the vessels. Driven from the periphery, the blood is repelled toward the interior, and the heat, abandoning the surface of the body, concentrates in the interior with the blood which is its vehicle.

While the individual is immersed in the cold bath, there is produced, in the organism, by virtue of the heat-generating function, a considerable quantity of surplus heat, so that one has, in fact, gained absolutely nothing, so far as the lowering of the general temperature is concerned ; it is only in the long run and when the duration of the bath exceeding ten minutes is carried even to fifteen or twenty minutes, that one observes a notable lowering of the temperature of the body ; but then, as empiricism has demonstrated, the individual runs great risk of never getting warm again ; the power of reaction grows

weak, and ends by being extinguished with the continuation of the immersion.

Liebermeister has clearly demonstrated that the cold bath is a difficult and dangerous means of producing refrigeration ; that it becomes impracticable at the temperature of 10° , and even above that. After immersion in the bath the contractions of the heart grow weak, become slow ; the respiration, at first interrupted and extremely frequent, likewise undergoes an extreme slowing ; general collapse is imminent.

There are other inconveniences of the cold bath : the combustions, the organic oxidations are augmented ; the absorption of oxygen is greater ; the exhalation of carbonic acid is much more considerable.

An individual who before the bath gives out 13 grammes of carbonic acid, exhales 15 grammes in a bath at 32° , 22 grammes in a bath at 25° , 29 grammes in a bath at 18° .

Analysis has demonstrated also that the quantity of urea is increased by the cold bath in notable proportions.

But it is to fever patients that they pretend to apply this medication, that is to say, to individuals whose combustion and organic oxidations are already increased by the fever, to patients who are in a condition to burn up their tissues, the fat, the albuminates, etc. ! Is it not to increase at pleasure the thermic consumption which is devouring them ?

The treatment, then, by cold baths is repugnant to the laws of physiology, as the experiments and analyses made in Germany demonstrate, analyses and experiments which prove that the oxidations and the temperature notably increased during the cold bath. But, another grave consideration, it has been demonstrated by clinical observation that patients plunged into cold baths are exposed to congestions, to hemorrhages, to inflammation of the internal organs ; pneumonia following in the train of cold baths has been observed at Lyon, as well as in Germany ; and it is not hypostatic pneumonia, so frequent in typhoid fever, but frank pneumonia, imputable alone to the treatment by cold baths.

All the German authors admit that intestinal hemorrhages have increased since the introduction of cold baths in the treatment of typhoid fever.

In France, at Paris, as at Lyon, this increased frequency of intestinal hemorrhages has been observed to follow the employment of cold baths. M. Germain Sée, in particular, has seen produced in his service a series of most unfortunate cases of intestinal hemorrhage among a fourth or fifth of his patients subjected to the cold bath.

Thus clinical observation as well as physiological experiment and analysis demonstrate the grave accidents arising from the treatment of typhoid fever by cold baths.

It is true, however, that the physicians of Lyon, in their famous declaration, pretend that if the method of Brand has not given at Paris the good results obtained in Germany and at Lyon, it is because it has only been applied there in a defective manner.

An essential condition, according to them the most important, is that the patients be nourished from the first to the last day of the disease, doubtless in order to repair the loss due to the action of the cold baths and the organic waste produced by the thermic consumption which the cold bath exaggerates. But that is where the danger lies, according to M. Germain Sée; the realization of the medical heresy contained in this declaration would require fantastic quantities of beefsteak, in order to suffice for the reparation of such breaches. M. Sée has calculated that not less than three kilogrammes per day and per patient would be necessary. The milk, the soup, the gelatine that have been suggested as food for patients are absolutely insufficient. Milk is not digested in consequence of the deficiency of gastric juice in the stomach of fever patients, and it is well known what nutritive elements are contained in soup, and especially in gelatine.

The partisans of Brand's method pretend that the cold bath has the effect of increasing the strength, a valuable consideration in a disease characterized above all by the adynamic state. But here again there exists serious disagreements among authors. The most distinguished, Liebermeister, advises us not to give the cold bath to very weak patients; he fears the determination of too great refrigeration which may not be followed by reaction; he fears a still further weakening of the contractions of the heart, a too considerable slowing of the respiratory movements, and, consequently, a fatal collapse. He has seen, as the result of the cold bath, a formidable refrigeration, cyanosis of the extremities, collapse.

Thus the most determined partisans of Brand's practice recognize in it dangers and contra-indications; this practice is not justified by the laws of physiology; clinical observation demonstrates that it may be followed by the gravest accidents, that, moreover, it exercises no influence over the progress of the disease, the duration of which it does not abridge a single day. Its most enthusiastic advocates differ among themselves as to the mode of application, which varies infinitely according to the ideas of each one; finally the statistics produced in

favor of the treatment are absolutely defective and incapable of carrying conviction to reflecting minds.

TRANSLATED FROM THE *Union Médicale*, by H. McS. GAMBLE, M.D., Moorefield, W. Va.

At a meeting of the Surgical Society, Dec. 13th, 1882, M. Verneuil presented a communication upon the relations of induration of the corpus cavernosum penis with glycosuria.

These indurations present themselves under the form of plates or of nuclei more or less extensive, of fibrous consistence, causing no prominence, but easily recognizable to the touch, seated upon the dorsal aspect of the penis, not adherent to the skin, but blended with the fibrous envelope and the medium septum of the cavernous body. This affection, which is met with especially among men of adult age, is not ordinarily painful, unless in erection, but it renders coitus difficult, by reason of the curvature imparted to the organ.

In default of local causes, general causes have been invoked, among which syphilis and gout have been referred to as the origin of the disease; but facts have not appeared to sustain these suppositions. The observations collected by M. Verneuil have caused him to discover another and more certain cause of this disease. Four times, in late years, M. Verneuil has met with induration of the corpus cavernosum, always with the same characters and under conditions very similar as to age, health, régime, and mode of living. Three times he has established the actual or anterior existence of glycosuria. Consequently he believes that we might admit, if not an absolute etiological dependence, at least a relation worthy of further research.

Already Marchal (de Calvi), in 1864, in his admirable book on diabetic accidents, had related the history of a man attacked with diabetes, in whom the penis, in erection, curved upon its dorsal aspect, where there existed a little nucleus of induration situated at the union of the anterior and middle thirds of this surface, and which was but slightly sensitive except in erection. This individual had, moreover, spermatic hemorrhages (*sic*). M. Verneuil then gives a résumé of the cases which he has observed, to the number of four, and in which three times the induration of the corpus cavernosum was accompanied with the presence of sugar in the urine in variable quantity.

He shows the importance of these facts, whether from an etiological point of view, upon which they throw light in connecting a local affection with a constitutional state, or from a therapeutic point of view.

The medical treatment of induration of the corpus cavernosum is nil ; everybody being agreed upon this point, it is easy to conceive that surgical treatment has been thought of, and the proof that it is thought of is that a distinguished surgeon of Paris had proposed a surgical operation. In this age of operative boldness in which we live, it would be surprising were it otherwise.

But, it is not inopportune to recall to surgeons, tempted to operate, that there seem to exist intimate and frequent relations between glycosuria and the aforesaid induration of the corpus cavernosum, and that therefore it is necessary to observe the greatest caution in the employment of surgical means. M. Verneuil cannot believe, in fact, that chance alone has caused him to meet three times out of four with the coincidence between the two pathological conditions. Perhaps the truth is he has fallen upon a series ; in such an event, there is nothing to do but to wait. From the moment we shall be willing to make suitable researches, we shall know whether sugar is met with often or rarely among the subjects of induration of the corpus cavernosum of spontaneous origin.

In the subsequent discussion of this subject, M. Verneuil declared that the sole aim of his communication was to call the attention of surgeons to the coincidence of glycosuria with induration of the corpus cavernosum, and to put them upon their guard against the temptation to operate on such patients before having assured themselves whether they are gouty or diabetic.

ORIGINAL CORRESPONDENCE.

[THIS is the type of letter which makes an editor happy, and braces him up with encouragement and satisfaction. What do "the rural" doctors say of their advocate? The letter is genuine, and the original is carefully preserved.—ED.]

HENDERSON, TEXAS, April 14, 1883.

Dr. E. S. GAILLARD.

Dear Sir : You are presuming too much upon my generosity and ability, If you are expecting pay for the reading matter that you are sending me.

Your Journals are entirely too scientific for the busy practical Physician, many of the contributors are too overly zealous, in trying to convince the profession of their great supernatural powers over the capacity of the rural or village practitioner, expatiating in too much minutiae for the busy man, We need something more practical, and not so

scientific, Men of sense and literature does not wish to read all day to grasp one idea, when business demands and claims almost their entire time, We have no objection to science and even minutiae but it should be taught to the medical student in college, those of us who are busy in the discharge of our professional duties, have no time to weary over it, and kill time that would otherwise be profitable to us in the financial and domestic pursuits of life.

Please send statement of my acct, and I will try to settle.

Hoping to hear from you soon, I am,

Very Respectfully,

* * *

To DR. GAILLARD, Editor. DEAR SIR : I thought the following case might be of some importance ; I therefore forward it to you for publication :

Hydatids from Disease of the Chorion. On the night of the 4th of February, 1883, I was called in last to attend Mrs. R. F. colored, at No. 1020 Eoff Street, who was flooding, but on my arrival the flooding had somewhat diminished in quantity, with no pain, but continued to ooze out. Owing to the apparent comfortable condition of the patient, I made no examination. Believing the case one of threatened abortion, I gave the usual precaution of lying upon her back and keeping quiet, and avoiding all stimulants. I heard or saw nothing more of the patient until the morning of the 7th, when I was again hastily summoned, and found the woman flooding profusely, and had lost a great deal of blood. On making an examination per vaginam, I found on introducing my finger I soon met with a bead-like mass ; after further examination it proved to be a mass of hydatids, which had protruded from the cavity of the uterus, and completely filled the vagina. The patient at this time had hard pains. I gave a full dose of ergot and with careful manipulation. In twenty minutes a mass was expelled, having the appearance of a fibrous clot with the shape of layer of the mass, and at the anterior end of this substance the bead-like clusters were firmly attached. I again introduced my hand, found the uterus not yet empty ; with the aid of a placenta forceps removed a second half of the mass ; again a diminished dose of ergot, which fully cleared out the uterus, and caused it to contract firmly. Although she was weak and faint from the great loss of blood, the patient went on to a speedy and good recovery.

The case was one that caused the husband and friends of the patient a good deal of concern. I afterward gained the following brief history of the case. The woman told me for about three months

back she began to grow very rapidly, and was as large at three months as a woman at full term, and would, at times, apparently get smaller. For weeks back she would pass a little blood and small particles of fleshy looking substance, as she described it. The exact quantity passed I cannot give, but the amount collected by me weighed $4\frac{1}{2}$ lbs. This is the only case I ever met with in practice. I hope it will be of service to your valuable Journal.

Yours,

DR. B. H. STILLYARD.

1124 EOFF STREET, WHEELING, W. VA.

WILLOW GREEN, GREENE CO., N. C.,

April 13, 1883.

E. S. GAILLARD, A.M., M.D., LL.D., Editor and
Publisher of GAILLARD'S MEDICAL JOURNAL.

DEAR SIR: I have just read, with much interest, an article published in your Journal, of April 7th, 1883, by A. C. Love, M.D., La., upon the rare disease, ainhum.

Dr. Love says: "So the case reported by the writer should prove of interest to the profession, if for no other reason, because it is, so far as the writer is informed, the first case of the disease noticed and reported as appearing in North America." I take pleasure in informing Dr. Love that Dr. N. J. Pittman, of Tarborough, N. C., reported a case of ainhum before the North Carolina Medical Society, which convened in the city of Wilmington, N. C., May 18th, 1880. I had a case, May 23d, 1880, which I reported before the North Carolina Medical Society at Ashville, N. C., June 2d, 1881, and will be found published in the *North Carolina Medical Journal*, September, 1881, page 116.

Dr. Love says: "Ainhum attacks only males." My case was a girl about ten years of age, which was first developed on left little toe, then on the right.

I am truly,

E. A. HORNADAY, M.D.

PROCEEDINGS OF SOCIETIES.

AT THE MILWAUKEE COUNTY MEDICAL SOCIETY Dr. Frank read a paper on angiomas and their treatment. These tumors were in his opinion divisible into three classes: 1st, Telangiectasis; 2d, Nævus vascularis; 3d, Tumor cavernosus. The first appeared in the immediate vicinity of scars, seldom before puberty, and rarely requires operative procedures. Nævus vasculosus was a congenital con-

dition, such cases as were not noticeable at birth usually manifesting themselves when the circulation was better established. The varying characteristics of these tumors, as to color or elevation, smoothness or nodulation, depended on their locality and the tissues involved, whether arterial, venous, or capillary, connective tissue, or fat, or the deeper or more superficial layers of the skin. Sudden changes in color of these tumors were due to variations of blood pressure, or to circulatory conditions; variations in permanent color to the amount of pigmentary deposit in and around them. Pulsating tumors were of the arterial variety usually, or in the tissues directly overlying a large artery. The name angio-elephantiasis designates the condition when there is hypernutrition and hypertrophy of the skin.

Tumor cavernosus lies under the skin in the subcutaneous areola tissue, and the tissue formed is of a reticular character, furnishing in the interspaces channels through which the blood-vessels freely anastomose. These angiomas are often of large surface, slightly elevated, and have a doughy feel and deepened color.

Telangiectasis did not as a rule require treatment. Excision of the other two forms was advisable in cases when the tumor was small or small and pigmented. Parallel scarification, after manner of Squire, with Squire's knife, or pricking with hot needles, or needles dipped in strong carbolic or chromic acid, by means of Piffard's or Schoenvell's cutipunctors, was often of great value in the superficial forms, as the "wine mark."

The object of treatment of deep-seated nævi was to cut off circulation in the part, and this was best accomplished by circular ligation under two or more pins thrust through the tissues and emerging at the border of the tumor, or by a wire passed subcutaneously around the nævus, and so arranged with a metal or gutta-percha disk as to be capable of being tightened.

The method of treatment by injection of astringent or coagulating fluids was too dangerous by reason of the risk incurred of thrombosis or of pyæmia. Good results were had from the electrolysis, using needles as reophores introduced into the tumors, although thrombi might result from passage into the circulation of portions of the coagulum formed about the positive needle.

Dr. Dorland had cured a nævus occurring in the mouth by two operations with the thermo-cautery. Dr. Kasten had had good results from French paste as a cauterizing agent in diffuse nævus over the scapula, but the resulting scar was too prominent.

Dr. Senn regarded subcutaneous use of the gal-

vano-caustic wire as the best method of treatment of the deeper forms of nævi. To prevent hemorrhage during operation he used the Esmarch bandage when practicable, or deeply inserted pins on either side of the tumor, with ligatures over them, or when there was hemorrhage while cutting, each bleeding point should be tied as cut. He reported a nævus on the clavicular region (in a six weeks old child) as large as a large orange, of the arterial variety. Operation was not considered advisable.

Dr. Frank had had under observation a nævus on the chin in which ligature of the common carotid was at length required.

Dr. Senn exhibited a patient to illustrate recurrence of osteomyelitis ten years after an acute general osteomyelitis, in a man of good, non-specific history, the head of left humerus being the seat of the disease. Subcutaneous puncture of the bone to relieve tension was attended by gratifying results. An informal discussion on trachelorrhaphy led to a pretty general expression of opinion that this operation was too frequently done, and most of the alleged benefits claimed to result from it were the results of the impression made upon the imagination of hysterical females.

Dr. Senn exhibited a femur with a disarranged head and neck, supposed to have resulted from an intracapsular fracture of the neck, but from the appearance of the callus, the oblong or rather oval shape of the head, and the depth and character of the fossa for the attachment of the ligamentum teres, he considered it a result of recovery from senile panarthrititis or coxitis. The specimen was obtained from a Chicago medical college, and a history of the case was not obtainable.

(Prepared for this Journal.)

THE KENTUCKY STATE MEDICAL SOCIETY held its twenty-eighth annual session at Louisville, Ky., April 4th, 1883. The following members were present: Dr. W. C. Webb, Garrard county; Dr. W. W. Cleaver, Lebanon; W. Cheatham; Dr. D. W. Yandell, J. H. Stucky, S. A. Foss, J. A. Larrabee, W. H. Wathen, Wm. Bailey, J. M. Holloway, Frank C. Wilson, R. M. Ferguson, J. P. Satterwhite, D. J. Reynolds, L. P. Yandell, W. O. Roberts, A. M. Vance, R. W. Boyle, Coleman Rogers, Louisville; Dr. J. D. Williams, Maud, Washington county; Dr. J. S. Moore, St. Mary's, Marion county; Dr. W. M. Fuqua, Hopkinsville; Dr. J. R. Bailey, Logan; Dr. E. C. Moss, Gatliff, Whitley county; Drs. D. N. Porter, W. A. Jamison, Eminence; Dr. J. P. Thomas, Pembroke; Dr. J. M. Reffe, Covington; Dr. J. A. Sherley, Winchester; Dr. J. M. Harwood, Shelbyville; Dr. A. W. Morrison, Goshen;

Dr. W. E. Rodman, New Haven county; Dr. L. B. Todd, Lexington.

The society was called to order by Dr. Ansell D. Price, Harrodsburg, at 12 o'clock. Rev. Dr. Messick opened by prayer. Dr. Coleman Rogers, Chairman of the Committee on Arrangements, then delivered the following address of welcome:

MR. PRESIDENT AND GENTLEMEN OF THE KENTUCKY STATE MEDICAL SOCIETY: As Chairman of the Committee of Arrangements and on behalf of the medical profession of Louisville, it becomes my pleasing duty to bid you a cordial welcome to our city. Two years ago, at Covington, by a resolution, it was seen fit to make Louisville the permanent place of meeting, thus doing away with the time-honored custom of going by invitation to various points in the State. In the wisdom of some it was also thought best that the meetings of the society should be devoted strictly to purely scientific matters; that the minds of the members should be only on business thoughts intent, and that the elements of conviviality and pleasure, other than that purely intellectual, should be ignored.

For these reasons the committee have made no arrangements for your entertainment other than those conducive to the comfort and convenience of the society while in session. We have made no provision for a banquet or for anything calculated to divert all these learned Thebans from the business aspects of the meeting. But our hearts and our homes are open to you all, nevertheless.

This is not the time to discuss the propriety of meeting every year at the same point, and of discarding so much of the pleasurable features of our annual meetings. While the main object of all State Medical Societies is the discussion of scientific topics, it cannot be denied that the interest attaching to them is largely increased by the addition of something which softens the tedium of dry discussion and debate. It remains to be seen whether the membership of the society will continue to enlarge by meeting always at one point, and whether the attendance will increase when there is lacking that recreation which is afforded by members meeting in both convivial and scientific converse their confrères in different sections of the State.

With the hope that your visit here will be both pleasant and profitable, and that our work will reflect credit on you as physicians and on our noble calling, we again bid you welcome.

Dr. Lewis S. McMurtry, Louisville, read the report of the Treasurer, Dr. Edward Alcorn, of Hustonville, and then made his own report. He read the following letter from Dr. S. D. Gross, of Philadelphia:

PHILADELPHIA, March 12th, 1883.

My Dear Dr. McMurtry: I have received your card of the 8th instant, inviting me to attend the meeting of the Kentucky State Medical Society on the 4th of April, at my old, well-cherished home, and at the same time contribute a paper. I need hardly say how deeply I regret my inability to be with you on an occasion which will no doubt be rich in enjoyment and rich in contributions to medical science.

Forty-two years have elapsed since my then colleague, the lamented Drake, and I were deputed by the Medical Faculty of the University of Louisville as delegates to attend a convention at Frankfort, called at the instance of Dr. George Sutton, of Georgetown, to assist in the formation of a State medical society, of which the present society is the offspring. The attempt was a signal failure, and it was not until the following year, if indeed so soon, that Dr. Sutton's efforts were crowned with success.

Since the date of my visit vast changes have taken place in and outside the profession. Medical education has been greatly improved, and the practice of medicine has assumed many new features, while many of its branches have been completely revolutionized. All my old colleagues, with the exception of two, of the University of Louisville, are dead, and most of my old personal friends of Louisville are mouldering in their graves. My own days are numbered; time has made me an old man, and I cannot expect to attend many more public meetings of any kind. All that I can do is to send you and all the rest my love, and my best wishes for your and their prosperity and happiness. Always truly your friend,

S. D. GROSS.

A letter of similar tenor from Dr. J. J. Woodward, Washington, was read.

Dr. A. D. Price then delivered the president's address. He said:

GENTLEMEN: How best to utilize this occasion to the advancement of a noble cause, inspiring you with renewed energy in the prosecution of your studies, and with greater zeal in your endeavors to benefit suffering humanity, has been a problem of no easy solution.

Thirty years of successful work should make us proud of the organization we represent. Untold numbers have been the recipients of its blessings, yet its work is just begun. Each year will add to its laurels. Our labors of to-day will, as time passes on and one by one we are laid in the tomb, bear a rich harvest, and those coming after us will commend our zeal, applaud our endeavors, appreciate our merit and profit by our work. Its circle of influence

should be continually enlarged, its numbers increased, and its members reminded of their obligations to further its interests, to advance the cause of science, to increase the resources, to multiply the means of doing good.

It is the province of medicine not only to relieve pain, to alleviate suffering, to cure disease, but to prevent it; to instruct the masses in the laws of hygiene, teaching them how to eat and drink and sleep; how best to live, so as to lessen the susceptibility to the many ills of the flesh, and to secure the blessings and the joys of a good old age.

Civilization purchases its blessings at the cost of physical pain and suffering. With it come new obligations from which her subjects cannot escape. More is expected of us to-day than was demanded of those who have gone before, and the responsibilities of those who come after us will be increased many fold.

Medicine has caught the enthusiasm and is making rapid progress. But the field is extensive, and much remains to be accomplished. We are to toil on. Much thought and reflection are to be expended. There is no such thing as standing still. We must advance or recede; labor and be rewarded, or, if a life of ease be preferred, reap the penalty.

The history of medicine furnishes us many worthy examples that should urge us to the undertaking and comfort us in the toil and self-denial so necessary for its accomplishment. By punctuality, by faithful discharge of every duty imposed or implied, by being accurate students of nature and correct observers of disease, by manifesting a desire to instruct and to be instructed, we will be enabled to do much toward advancing the interest of the cause we represent.

Every medical man should keep a record of his cases. It makes him a close and accurate observer. His failures become a valuable lesson, his successes cheering incentives to his fellow laborers; his deductions will demand attention, his experience be worthy of consideration. Were each of us thus to interest ourselves in our daily work, and could we have a condensed and classified report of such from the various sections of the Commonwealth, the importance and the value of our annual meetings would be greatly enhanced.

The much hackneyed subject of medical education is supposed to be of special interest on occasions of this kind. Some even think that we must annually be regaled by the repetition of the oft-told tale—how medical schools are multiplying here and there, and over the land; how cheap tuition is the bait thrown the hungry, clamoring horde; how the number of doctors is yearly increased; how many of

these are continually dropping out of the profession ; and how few ever reach any degree of excellence. That our system of medical education is defective, and that reform is needed, all will admit. But how is the evil, and it is said to be a growing one, to be remedied ? I am half inclined to believe that it will cure itself. Many diseases are self-limited, and we only have to wait patiently for the feeble pulse to grow strong and the pale cheek to again show forth the rosy hue of health.

Time will right the wrong—cure the defects. Public sentiment, the great tribunal before which men prove their worthiness or admit their incapacity, will hasten a new order of things and assist in the meritorious work of securing a more thorough and complete course of instruction for those seeking to enter the profession.

Suggestion has done but little toward improving the system of medical education ; legislation much less. It is gratifying, however, to know that progress has been made, that it will continue, and that by-and-by there will be no grounds for complaint.

Were I to offer you any advice, it would be in terms, the familiarity of which you would readily recognize. The best schools in the land cannot manufacture brains, can only train and develop, imparting useful information. Send them good material and the result will be better doctors. Let the needed reform begin in the physician's office. This is the first step. Then those who aspire to the responsibility of medical teachers should be reminded that it is their duty "to keep medicine pure and to teach her followers to be high-minded, forbearing and good, to encourage moral as well as intellectual ambition in those entering the profession," to graduate competent physicians, "skilled in the discrimination of disease and trained in its therapeutics." It would be folly to suggest that medical schools be fewer in number, that their clinical advantages should be great, and that their matriculants should be moral, thoughtful, educated. For every medical man is apt to think himself capable of giving instruction in the mysteries of his art, and every medical school has superior advantages to offer. Were the schools content to teach, and did the State claim her right to judge, through her proper representatives, the qualification of those seeking to enter the profession, we would then be on the highway of reform, this much-vexed question solved.

Until this point in State legislation is reached we would doubtless be benefactors to our race to a more excellent degree, could we induce many of those seeking to enter the medical profession to devote their energies and abilities to veterinary surgery. This is

a rich field for the enterprising young man of the day, and will, ere long, demand the highest order of talent. The value of all the horses in the United States is estimated at \$800,000,000, and the proportion of the amount annually lost for want of skilful medical treatment is not less than \$15,000,000. Here is certainly an opportunity for good fees and a useful life.

A school for educating and training nurses is something every State needs, "a want long felt." Were it pardonable, I would suggest that the profession of this medical centre, where there are so many competent physicians and where medical teachers are by no means limited in number, inaugurate an undertaking of this kind. Skilled and trained nurses are the handmaids of the medical profession. They are needed at all times and under all circumstances. In every case of sickness their assistance is valuable—in many of the major operations indispensable.

The indiscriminate and continuous prescribing of opiates for the relief of pain is a source of much mischief. Many an opium-eater can charge his misfortune to such carelessness. We have to deal, more or less, with nervous women and hypochondriacal men, fit subjects even for the opium habit. Hence we should be exceedingly careful in the employment of so useful and potent a remedy, and guard well our patients against becoming the subjects of this baneful habit.

With the growth of the population and the accumulation of wealth, there is a tendency to the increase of such grave crimes as criminal abortion, and the resorting, among the married, to the means for the prevention of conception. The hiding of shame, the hard struggle in the race for existence, the ease and luxury born of wealth, are strong incentives to these offenses.

Women here and there and everywhere are inviting disease, or committing a worse offence—murdering unborn innocents—and are themselves going down in the wreck to the number of six thousand or more annually in the United States. The profession has ever denounced these crimes, but their evident increase calls for a warning that should be heard and heeded.

As the subject of the evil doings of mankind has been touched upon, it would perhaps not be amiss to pursue it a little further, and refer briefly to the great social evil that will continue to claim the attention of the philanthropist. Syphilis is a subject for serious consideration at all times. The question is, not that it affects some nations more mildly than others, or that it exists in different degrees of se-

verity in different individuals, nor that it is less virulent now than formerly, nor is it one of treatment, but of *prevention*. How to stay its onward march, saving millions from its ravages, is the great problem. When it is remembered that 2,000,000 out of our 50,000,000 population are syphilitic, and that there are at least 100,000 harlots in the United States, each perhaps infecting a number of men, and they in turn contaminating many innocent ones, the importance of the subject is impressed upon all. "It is our bounden duty to endeavor, by all means at our disposal, to check the ravages of a disease that is the greatest scourge that could afflict humanity; that stalks in secret throughout the length and breadth of the land, affecting not only the guilty, but the innocent and the unborn, the peer and the peasant, and which destroys the health, blights the happiness, and involves in wretchedness and ruin its miserable victims."

"The great source of infection is illicit intercourse." The question here arises, Can prostitution be suppressed? Efforts in this direction have, wherever made, proved a failure. Its suppression, if possible, would not be desirable, unless mankind were at the same time regenerated, becoming "pure in mind and holy of heart." But this utopian dream in which so many revel can never be realized; and when society recognizes the fact that it is practically impossible to abolish prostitution, then the law-making power of the land will be forced by public sentiment to legislate for the good of the many.

A law requiring registration of each prostitute, regular inspection, and isolation of the infected, would greatly lessen the number that are now daily contaminated. To enter into the details of this important question would on this occasion be tedious and profitless. Generalities can only be indulged in. Sentiment should not enter into its consideration. Legalizing prostitution, a term that grates harshly upon many, should not be offensive to society, since its very object is the protection of society itself. The evil exists, and the fact should be fully recognized, and every endeavor made to render it as harmless as possible.

Specialism in medicine has fought a good fight, and stands to-day in the "front rank of usefulness." It has added much to our knowledge, and its continued investigations will ever shed blessings on mankind.

It is a matter of regret that in this great Commonwealth, where there are so many good and successful general practitioners, there are so few specialists. Were the energies and abilities of those who could

afford it devoted to some special department of medicine, it would be to the advancement of science and to the best interests of the sick. And were medical men imbued, regardless of personal considerations, with the desire to benefit humanity to the fullest extent, there is not a town or village where division of labor might not be made with profit to the profession and advantage to the afflicted.

Dr. T. J. Greely, of Jefferson county, then made a report on *materia medica* which was followed by a discussion by Drs. Scott, Larrabee and Holland.

At the afternoon session, the Secretary read a communication from the Ohio State Medical Society, saying they had selected D. A. Morse as delegate to the Kentucky Society.

Dr. W. M. Fuqua, of Hopkinsville, then made the report on surgery, which was discussed by Drs. David Yandell, D. S. Reynolds, and others. The following despatch was read by the Secretary:

SHREVEPORT, La., April 4.—*To the President of the Kentucky State Medical Society, Louisville.* The Louisiana State Medical Society, now in session here, send fraternal greeting to the Kentucky State Medical Society, and trust they stand shoulder to shoulder with us in upholding the time-honored code of ethics of the American Medical Association.

A. A. LYON, President.

Dr. Ap Morgan Vance, of Louisville, read a paper on resection of the knee joints, which was discussed by the society.

The following Committee on Nominations was appointed: Dr. Turner Anderson, Chairman; Dr. C. Rogers, Dr. F. C. Wilson, Dr. T. A. Foss, Jefferson county; Dr. R. W. Dunlap, Boyle county; Dr. H. Brown, Lincoln county; Dr. W. C. Webb, Garrard county; Dr. J. P. Thomas, Christian county; Dr. D. N. Porter, Henry county; Dr. L. B. Todd, Fayette county; Dr. J. M. Riffe, Kenton county; Dr. J. A. Shirley, Clark county; Dr. J. M. Hammond, Shelby county; Dr. A. W. Morrison, Dr. T. M. Letcher, Madison county; Dr. F. D. Williams, Washington county; Dr. J. S. Moore, Marion county; Dr. E. C. Moss, Whitley county; Dr. Walter Byrne, Muhlenberg county; Dr. J. N. McCormack, Warren county.

Dr. P. B. Scott read a paper on obstetrics, after which, as there was no discussion, Dr. Speed, Secretary of the State Board of Health, read a paper on hygiene, in which he strongly advocated stringent measures of public sanitation. He gave a number of instances of the effects of public hygiene upon the health of persons and entire communities.

Dr. J. N. McCormack, Bowling Green, read a

paper on "Local Boards of Health." He discussed the difficulties surrounding the work of these boards growing out of a want of knowledge on the subject on the part of the public, and urged the importance of a continued agitation of the matter, not only through the medical and public press, but also by health tracts and public addresses. He gave detailed directions as to how their work should be conducted, not only during the existence of epidemics of small-pox and other contagious diseases, but in efforts to prevent the more ordinary forms of sickness, which after all cause our largest mortality.

Dr. William Bailey commended the work of the State Board in much of its work, and denounced the criticisms to which it had been subjected.

Dr. Larrabee dwelt upon the necessity of a higher education in hygiene, beginning in the public schools and extending through the college life.

Dr. Holland discussed the work of the State Board of Health at length and the practical value of its results, and defended its course against the recent criticisms of the medical press, which he said were unfair both in spirit and manner. He believed, however, that agitation would do more good than harm, and appealed to the profession of the State to help the board in its work in every possible way. His remarks on the comments of the *Practitioner* and *News* were very pointed.

Dr. D. W. Yandell charged the State Board of Health with total inefficiency, and said it had done nothing to prevent disease or check its progress. The board had existed for five years, and had received \$12,500 in cash from the State of Kentucky, for what purpose no one knew. The reports made by them were poorly constructed, full of errors, and contained nothing whatever of scientific value. Under the shower of criticisms which had been heaped upon it, the board had exhibited anything but a scientific spirit. The members had held a meeting last night and arranged to appear before the convention and appeal to the physicians for support. He alluded to the criticisms of the *New York Medical Record* and the *Sanitary Engineer*, in which these periodicals pronounced the work of the board as useless. As to the work which the members of the board had done individually, the less said about that the better. All that one of them could say, as to the labor of the Secretary, was that he had written two postal cards in one year, and received from the State over \$1500 a year. This they must admit was rather a high price.

Dr. McCormack closed the discussion. He said that Dr. Yandell could only say that he had not heard what the board had done, and suggested that

this might be because the doctor had not taken pains to inform himself. The board could only discharge its duties and publish the results; it could not force them to be read. He had read Dr. Yandell's journal for years, and had found that it had never taken any interest in sanitary work, at home or elsewhere. The critics of the board in this discussion, as in the journals, had been unfair, because they gave but one side of the case, concealing every fact which would reflect credit on the board.

The Committee on Nominations then reported as follows:

President—Dr. J. N. McCormack, of Bowling Green.

Senior Vice-President—Dr. J. M. Riffe, of Covington.

Junior Vice-President—Dr. J. M. Harwood, of Shelbyville.

Secretary—Dr. J. M. Letcher, of Richmond.

Assistant Secretary—Dr. J. S. Moore, of Lebanon.

Treasurer—Dr. H. Brown, of Hustonville.

Librarian—Dr. A. M. Vance, of Louisville.

Bowling Green was recommended as the next place of meeting.

Dr. Anderson then read the following communication:

DR. TURNER ANDERSON, CHAIRMAN OF THE COMMITTEE ON NOMINATIONS—*Dear Sir:* In consequence of the increasing demands of my professional work I must beg to tender my resignation as Permanent Secretary of the Society. The experience of several years in this capacity has impressed me with the importance and responsible nature of the duties of the office, and I trust you will select some one for the position who will appreciate them fully. Yours sincerely,

L. S. McMURTRY.

The Committee on Nominations then recommended the following resolutions:

Resolved, That the Kentucky State Medical Society receives with regret the resignation of Dr. L. S. McMurry as Permanent Secretary.

Resolved, That the thanks of the Society be accorded Dr. McMurry for the able and faithful manner in which he has discharged his duties, and for his untiring devotion to the interests of the Society.

On motion of Dr. Rogers these resolutions were unanimously adopted.

The following Committee of Arrangements and Credentials was appointed: T. J. Townsend, Chairman, Bowling Green; W. E. Hatcher, Bowling Green; J. F. McElroy, Bowling Green; Walter Byrne, Logan county; J. P. Thomas, Christian

county. On motion the gentlemen mentioned were elected by a ballot cast by the secretary.

Dr. Thomas F. Rumbold, of St. Louis, read by request a paper on the treatment of chronic naso-pharyngeal catarrh. The paper was a valuable one, and attentively listened to. He described several modes of treatment, as used successfully by himself, and exhibited a number of instruments to be used in operating and injecting. When he had concluded, Dr. M. F. Coomes made a few remarks on the subject, in which he strongly condemned tobacco smoking as injurious to the throat and nose.

Dr. W. O. Roberts next read a paper on "Clinical Observations of Head Injuries," which was a history of several cases which had recently come under his observation. He had with him a patient who sustained a fracture of the skull about six weeks ago, was operated on, and was now entirely well. Dr. Yandell then gave the history of several cases of the same nature which had come under his observation. An interesting discussion resulted. Dr. J. M. Matthews then read a long paper on "Diseases of the Rectum," describing successful modes of treatment practised in a number of cases. The paper was discussed by Drs. Von Donhoff and Reynolds. The last paper read by Dr. Frank Wilson, after which the society adjourned.

MISCELLANEOUS.

CASCARA AS A LAXATIVE.—Dr. Carter of Liverpool, in an article on new therapeutic agents, writes to the following effect concerning cascara (*Rhamnus purshiana*): The fluid extract prepared from the bark of this shrub, or small tree, is an excellent remedy in chronic constipation. I have used it now for two years, and have no doubt of its value. The fluid extract is reddish brown in color, and extremely bitter. A very good method of prescribing it is in a mixture, with twice its quantity of glycerine, or one of the flavored syrups. Of this a fluidrachm should be given three times a day, and the dose be diminished as soon as its aperient action is developed. It is what may be termed a tonic aperient, and seems to produce an effect somewhat like that caused by belladonna and nux vomica united with an ordinary aperient. It evacuates the whole canal. The motion is not watery, but usually semi-solid, truly feculent in character, and voided without difficulty, and so far from causing subsequent constipation, the bowels will often act regularly after its use

has been entirely discontinued. I have used it so extensively, and the testimony to its value is so unmistakable, that it would be difficult to select particular cases to prove this.—*Medical Record*.

HARVEY AND THE CIRCULATION OF THE BLOOD.—Professor Filippi, of Florence, writing in the journal he edits, *Lo Sperimentale*, has some hard words for Harvey. Dr. George Johnson has charged the Italians with systematic attempts to snatch from Harvey the honour of the discovery and of the demonstration of the general circulation of the blood. But, says Professor Filippi, it is not the history of Italian science that is so stained; in other pages and in a foreign tongue is that crime to be found. Not all the water that bathes the shores of England would suffice to cleanse Harvey of the sin of ingratitude toward Cesalpini, in that he does not name him even once in his "Exercitatio de Motu Cordis et Sanguinis," published in 1628; but on the contrary, with veiled allusions and with a show of magnanimity, he slights him, and criticises or depreciates and forgets. The professor, indeed, accords to Harvey the credit of being the first to demonstrate the circulation and to show the exact manner in which it was performed; but he claims for Cesalpini the recognition not merely of the circulation through the lungs, but throughout the whole body.

MEDICAL NEWS.

THE PHILADELPHIA HOSPITAL FOR SKIN DISEASES, 923 Locust Street, Philadelphia, Pa. (established September 1st, 1881).—The Board of Managers of the Hospital for Skin Diseases, of Philadelphia, have recently added to their facilities a complete system of baths for the general and specific treatment of this class of affections. Under this head are comprised the Turkish, Russian, Vapor, medicated, and electric baths, for the giving of which the latest and most approved apparatus has been obtained at considerable cost. The subject of balneology, as connected with skin diseases, is receiving much attention from specialists, and the physician in charge of the hospital is giving it the consideration that the importance of the subject demands. Peculiar advantages are thus afforded physicians and advanced students who wish to obtain a knowledge of this branch of therapeutics by visiting the hospital and consulting with the attending physician. Free clinics are given at the hospital daily, at 11.30 A.M., by the physician

in charge, Dr. John V. Shoemaker, where can be seen a great variety of diseases. Didactic lectures are delivered at the hospital on Mondays and Fridays, at 11 o'clock A.M. The hospital has accommodations for twenty-five patients in the wards and private rooms. The prices, in the former, range from four to seven dollars a week; and in the latter, from ten to thirty dollars. The best of food and attendance are furnished, and everything is done to render the patients cheerful and contented during their stay in the institution. The dispensary is open for the reception of patients daily, Sundays excepted, at 11.30 A.M.

GEN. JOSEPH K. BARNES.—Gen. Joseph K. Barnes, recently Surgeon-General of the United States Army, died in Washington, April 5th, of Bright's disease. He was born in Philadelphia on July 21st, 1817, and was in his sixty-sixth year. He studied medicine in the office of Dr. Thomas Harris, a celebrated physician of his generation, and attended lectures at the Medical Department of the University of Pennsylvania, where he was graduated with honor in the Spring of 1838. The first year of his practice was spent as resident physician at the Blockley Hospital, where he laid the foundation for the distinction which he afterward gained in the organization and management of the hospital system of the United States Army. His second year of professional work was devoted to the medical care of the poor in one of the northern districts of Philadelphia. On June 15th, 1840, he was appointed an assistant surgeon in the army, and one month later was assigned to duty at the Military Academy at West Point. In November of the same year he was transferred to Florida, where he saw his first field service in Gen. Harney's famous expedition to the Everglades in the war against the Seminole Indians. He remained with Gen. Harney's command in Florida two years, and in 1842 was transferred to Fort Jessup, an old-time military station in Louisiana, where he served until its abandonment, four years later. At the breaking out of the Mexican war in 1846 the young surgeon, then only 29 years of age, was appointed chief medical officer of the cavalry brigade, and in that capacity participated in every action of the war in either Gen. Taylor's or Gen. Scott's lines, excepting that at Buena Vista, and at the close of the hostilities was placed in charge of the general army hospital at Baton Rouge, La. For the next few years he rendered valuable service to the government in organizing medical posts at various stations in Texas and throughout the West, acting for a short period as Medical Director of the Department of Oregon. He

was assigned to duty at West Point again, in 1854, and served there several years. In 1856 he received his commission as a surgeon.

At the outbreak of the late war Surgeon Barnes was stationed in Oregon, and was among the first officers to be called to Washington. In 1861 he was assigned to special duty in the office of the Surgeon-General at Washington, where his experience in field and hospital service was of great value to the government. Two years later he was promoted to be a medical inspector with the rank of lieutenant-colonel, and a few months afterward he was appointed Medical Inspector-General with the rank of Colonel. In September, 1863, he was made Acting Surgeon-General, and one year later, on the dismissal of Surgeon-General Hammond, was promoted to fill the vacancy, with the rank of Brigadier-General. He served during the war with great honor, and in 1865 received the brevet rank of Major-General. He was the first physician called to the bedside of President Lincoln when he was assassinated, April 15th, 1865, and had charge of the case until its fatal termination. On July 2d, 1881, when the late President Garfield was shot, he was among the first physicians to be summoned to the White House, and served on the consulting board of physicians until the death of the President, giving the case his closest attention. He was placed on the retired list last year by the operation of the compulsory retirement law, and has since then been living quietly at his residence in Washington. He had a fine, erect military bearing. His complexion was ruddy and his hair iron gray. He was agreeable in manner and socially was an entertaining conversationalist. In his profession he stood deservedly high, and was universally respected by all who knew him.

The funeral took place at 2 P.M., on Saturday, April 7th. He was buried with military honors at Oak Hill Cemetery. The troops at the Washington Arsenal, the Marine band, and the marines at the navy-yard acted as escort, together with such of the district militia as desired to take part. The following officers were appointed pall-bearers: Gens. W. T. Sherman, Edmund Schriver, D. H. Rucker, W. H. Emory, A. Baird, M. C. Meigs, R. C. Drum, R. MacFeely, N. W. Brown, C. H. Crane, C. M. Wilcox, and Joseph E. Johnstone.

THE Governor of Texas, U. S. A., has, in a message to the Legislature, advised that vaccination be made compulsory in the State.

THE APPOINTMENT OF MISS SHOVE, M.B., TO THE POST-OFFICE.—The long-expected step of appoint-

ing a lady to be Medical Superintendent of the female staff of the General Post-Office has been taken. Miss Edith Shove, M.B., Lond. and L. K. Q. C. P. I., is the fortunate lady. Our opinion of this step has been repeatedly expressed, and is not altered by the determination of Mr. Fawcett, to which alone doubtless the appointment must be ascribed.—*Lancet*.

A RATHER curious circumstance has been recalled to mind by the recent death of Baron Cloquet, and which may be noticed here. The celebrated surgeon had for some time in his possession the lower jaw of Molière, the great French dramatist, which may now be seen in the Cluny Museum.

It is stated that Mr. W. S. Kennedy is about to issue, in the United States, a book on Dr. O. W. Holmes, containing a bibliography and a critical study of his works, as well as much biographical information concerning him.

IN a report on Paraguay, just published in a Blue Book, Mr. Vansittart, of the British Legation in Buenos Ayres, quotes a report drawn up at his request by Dr. Stewart, who has been resident in the country for twenty-six years. Dr. Stewart comments on the marked absence of the principal zymotic diseases, Paraguay contrasting in this respect very strongly with Brazil and the River Platte countries. He adds that vaccination is obligatory in Paraguay, and that there is now not a single case of small-pox in the country, although the disease made great ravages there before vaccination was made obligatory.

■ DR. J. H. LOGAN.—The publisher of the *Register* takes pleasure in announcing to its readers that he has arranged with Dr. J. H. Logan to take editorial charge of the *Register*. Dr. Logan is well known to the profession in Georgia and adjacent States, and needs no introduction at our hands.—*Atlanta Register*.

THE WATER-CLOSET'S DOOM.—An ingenious German has invented a plan for the manufacture of gas from human fæces. These are decomposed in a retort by heat, the chief products being a light-yielding gas, carbonic acid, tar, oil, and ammonia. As in ordinary gas works, the tar and oil are separated, and the light-yielding gas purified for use. There remain in the retorts the ash constituents, with a portion of carbon, which the inventor designates coke. The authority for this description, *Der Techniker*, informs its readers, also, that a Breslau

hotel has already been successfully lighted by means of this novel and presumably economical gas!!!—*Sanitarian*.

LIGATURE OF THE INNOMINATE. — Mr. Mitchell Banks tied the innominate artery on Feb. 28th at the Liverpool Royal Infirmary for aneurism of the second portion of the subclavian. A ligature was also placed on the common carotid. Mr. Girdlestone's kangaroo tendons were used with strict antiseptic precautions. The patient recovered rapidly from the operation, and has already left the infirmary, with his aneurism much improved. Mr. Banks will doubtless furnish the profession with full particulars of this case.—*Lancet*.

THE death is announced of Mr. Nathaniel Montefiore, of Portman Square, aged sixty-three. The deceased gentleman was the founder of the Montefiore Prizes at Netley in 1881, for which he gave a sum of £2000, to be competed for in the Military Surgery class at the school.

MARRIED at Harrison, Arkansas, March 25th, 1883, A. J. Vance, M.D., to Miss Lulu Greenlee, both of the place mentioned. The editor offers to his old student and the happy bride his heartiest congratulations, and his best wishes for their happiness and prosperity.

DR. HOLMES'S POEM BY TELEGRAPH.—The telegraphing of so long a poem as that of Dr. Oliver Wendell Holmes, delivered at the banquet given in his honor at Delmonico's, New York City, on Thursday evening, was no ordinary feat, and would not have been thought of a dozen years ago. The poem consists of 230 lines, heroic measure, in 2300 syllables. In re-reading it we can find but a single apparent mistake. In speaking of "the straight-backed measure with its stately stride," in which Pope and Dryden sang, the poet says: "Byron and Campbell wore its clanking chain," "wore" was misprinted "were."—*Cincinnati Commercial Gazette*.

THIRTY-five young ladies were graduated with the degree of M.D., from the Woman's Medical College of Pennsylvania.

HARMLESS POISON.—Dr. Enoch George, of Caroline, Maryland, was recently summoned in great haste a few evenings since to attend three children who had gotten into a homœopathic medicine-chest and swallowed the contents of seven goodly-sized

bottles. The children appear to be thriving on their extraordinary diet. Had it been a homœopathist's saddle-bags with its strong mother tinctures, the story would have a different ending.

OPIUM IN INDIA.—Sir Arthur Phayre, writing from the Residency at Baroda in 1874, said: "Last year I found that Rajpootana, and all that country to the northern part of Gujerat, Cutch, etc., were literally enslaved by opium. It is now given even to the children in Rajpootana. In fact, the evil is fearfully on the increase, and it is painful to see the moral as well as the physical effect upon all classes in the opium-growing sphere of the country, and, indeed, wherever it can be had cheap." Since that time the evils mentioned have increased at an enormous rate.

KANE COUNTY, Illinois, intends to erect an asylum for its insane now in the State asylums.

CRIMINAL NEGLECT.—It is now fifty-nine days since the Woburn, Mass., insane pauper, Mary Connolly, tasted food, and eleven days since she drank water. Her strength does not appear to fail. The almshouse authorities should be indicted for manslaughter, if this woman dies.

"A BEWITCHING DOCTOR."—A family named Scheffler, of Cincinnati, O., allege that they have been bewitched by a female doctor, and in consequence, sought protection at a police station.

DR. THOMAS TAYLOR, of Washington, has made some investigations which convince him that the common house-fly, aside from being an annoying pest, is possessed of the capacity of transmitting disease by carrying the germs from place to place.

INSANE CONVICTS.—Five Massachusetts State-prison convicts have been pronounced insane by experts, and taken to the Worcester Asylum during March. One of them let a buzz-saw take off his right hand a year ago because of the Bible injunction against offending members. It is probable that not one of these convicts became insane in prison, but that all were insane when convicted. Certainly to keep a lunatic like the one last mentioned in prison was inconsistent with the humanity Massachusetts usually claims as her distinguishing characteristic.

TWENTY-THREE DAYS ALIVE WITH A BULLET IN THE BRAIN.—Dr. J. E. McClellan, of DeRuyter, New York, March 23d, made an autopsy on the body of a man, who lived twenty-three days with a bullet in his

brain. The ball entered the head about an inch above the outer angle of the right eye and stopped about one and a half inches further back on the opposite side and about one half inch from the skull, having passed through both frontal lobes. The surface of the brain was congested, and considerable pus was found beneath the meninges.

THERE are 200 students in attendance at the spring session of Rush Medical College.

A REPORT ON OYSTER CULTURE, taken from the French official journal (*British Med. Jour.*), shows that 100 grammes of the flesh of the Portuguese oyster contain one tenth gramme of iodine, bromide and chlorine, twice as much as the common oyster.

THE quarterly meeting of the Illinois State Board of Health was held in Chicago, April 12th, at the Grand Pacific Hotel. At this meeting the annual examination of non-graduates was to have taken place.

ROSA BONHEUR is in her sixty-first year, and still lives her curious retired life, dressed in male attire, and painting industriously.

At the last meeting of the Linnæan Society, London, England, Dr. Cobbold described a worm, which he called *Simondsia paradoxa*. It is a nematode, the male living free in the stomach of the hog, while the female is lodged in cysts within the walls of the stomach. Although discovered thirty years ago by Prof. Simmonds, the *Lancet* says the worm has never been properly examined. The strange thing is that the female carries outside its body a large rosette-shaped organ. This the author of the paper considers to be the uterus.

DR. WM. G. EGGLESTON, late of Hampden Sidney College, Va., has moved to Philadelphia, to become the Assistant Editor of the *Medical News*, and the *American Journal of Medical Sciences*, edited by Dr. J. Minis Hays.

EDITORIALS.

CHEMICAL CHANGES IN THE BRAIN AND CORD.—Dr. Thudichum (*Medical Press and Circular*, December 6th, 1882), at a late meeting of the West London Medico-Chirurgical Society, claimed that locomotor ataxia, cerebral glycosuria, cerebral softening were of a chemical nature, and as such should be treated chemically. It has long been recognized in

medicine that there were, as a rule chemical changes which were secondary to and not a consequence of disease. To treat these changes as disease itself or its cause, is to return to the coarse chemical theories of disease which, as was afterward shown, were in decided opposition to pathological physiology. The evil effects of specialism are shown in Dr. Thudichum's claims; he is a chemist only, and having been moved by an old idea long exploded, advances this idea with the confidence characteristic of the specialistic mind, a confidence which is based on lack of knowledge of what is done elsewhere. Chemical theories of disease have long been discarded, and it is rather astonishing to see an attempt made to resurrect them at this late day.

EARLY ANÆSTHESIA.—Dr. C. McShaine, Charleston, W. Va. (*Medical and Surgical Reporter*), cites the following from *Notes and Queries*: “*Surgical Operations under Chloroform, etc.* Has the following passage ‘been noted’ in your pages? If not, it would be curious to non-medical readers, like myself, to know whether opium, or what is supposed to have been made use of more than two hundred ago by the ‘old surgeons’ ‘who, ere they show their art, cast one asleep, then cut the diseas’d part,’ etc.; and whether the use of ether, and subsequently of chloroform, in surgical operations, is merely a revival in these enlightened days of some heretofore forgotten practice of the ‘dark ages,’ or whether it is really something new? ‘Women beware Women,’ tragedy, by Thomas Middleton, first printed 1657, Act IV., Sc. 1:

“‘*Hippolito.* Yes, my lord,
I make no doubt, as I shall take the course,
Which she shall never know till it be acted;
And, when she wakes to honor, then she’ll thank me for’t.
I’ll imitate the pities of old surgeons
To this lost limb; who, ere they show their art,
Cast one asleep, then cut the diseas’d part;
So, out of love to her I pity most,
She shall not feel him going till he’s lost;
Then she’ll commend the cure.’”

S. H. H.

Neither Dr. McShaine nor the *Notes and Queries* writer seems to be aware of the fact that, some centuries before this, Boccaccio in his *Decameron* described the same variety of anæsthesia.

THE CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.—Prof. Flint gives the following account, which is as interesting as it is instructive:

“Prior to 1847 the codes of medical ethics which existed in this country were instituted by State or

local societies, and in many, probably in most, of the States of the Union there were none. At the convention which resulted in the organization of the American Medical Association, in 1847, a committee, of which the late Isaac Hays was chairman, were instructed to report a code of ethics. This committee reported a code which was adopted unanimously, and from that date it has been recognized as the national code throughout the whole country. With the single exception of a recent action by the New York State Medical Society, this code has remained without any material additions or modifications. It has had, therefore, the approval of the medical profession of the United States for a period of over thirty-five years. It is but justice to the memory of an excellent English physician to state that the American Code is based on that prepared by Thomas Percival, and published in 1803. Credit to Percival was given by Hays, in a note accompanying his report, as follows: ‘On examining a great number of codes of ethics adopted by different societies in the United States, it was found that they were all based on that by Dr. Percival, and that the phrases of this writer were preserved to a considerable extent in all of them. Believing that language so often examined and adopted must possess the greatest of merits for such a document as the present, clearness and precision, and having no ambition for the honors of authorship, the committee which prepared this code have followed a similar course, and have carefully preserved the words of Percival whenever they convey the precepts it is wished to inculcate.’ Percival’s code of ethics was prepared for a son who was about to engage in medical practice, and who died before its publication. It was dedicated to another son, who was engaged in the study of medicine. In its composition, as he says in the dedication, his thoughts were directed to his son, ‘with the tenderest impulse of paternal love, and not a single moral rule was framed without a secret view to his designation, and an anxious wish that it might influence his future conduct.’ The following is another quotation from the dedication: ‘The relations in which a physician stands to his patients, to his brethren, and to the public are complicated and multifarious, involving much knowledge of human nature and extensive moral duties. The study of professional ethics, therefore, cannot fail to invigorate and enlarge your understanding, while the observance of the duties which they enjoin will soften your manners, expand your affections, and form you to that propriety and dignity of conduct which are essential to the character of a gentleman.’”

"SELLING DIPLOMAS."—The "Dr." Crowe, with whose fame the readers of Volume XXXI. of this journal are acquainted, turns up in a new version of his old rôle. He advertised for sale diplomas, which advertisement resulted in the following interview by an enterprising reporter of the *New York Sun*:

"'Dr.' Selden Crowe advertised that he would sell for \$60 a 'medical diploma, first-class college, old school.' A reporter of *The Sun* called at No. 53 South Washington Square, and on inquiring for the advertiser was shown into 'Dr.' Selden Crowe's study. On the wall was a certificate from William A. Butler, as county clerk, that Selden W. Crowe had been registered as a physician. The reporter said he had a friend who wanted a medical diploma, and asked if the diploma was genuine. 'It's all right,' said the 'doctor.' 'I got it myself from the Columbia Medical College, when I was graduated there.' 'Then your name is written in it?' 'Yes; but that can be easily erased and any other name can be substituted.' 'Can I see the "Columbia Medical Collage" diploma?' When produced from its tin case it was found to be printed and written on parchment. 'It had a blue ribbon with a seal, and was signed by Josephus G. Binney, president, and some twenty professors. The name written in was Seldenus W. Crowe, and the writing was big and bad. In reply to a question, 'Dr.' Selden W. Crowe said it had not been written over an erasure, and that the broadness and irregular outlines of the letters were due to the carelessness of the writer. 'But,' objected the reporter, 'this diploma is dated in 1858. It is too old.' 'That can easily be erased and '78 substituted,' said the doctor. 'Is this really a genuine diploma?' 'I will make oath to it if you want me to.' 'Why do you sell it?' 'I am going out of the business, and besides I have another diploma from the Jefferson Medical College, of Philadelphia. I also expect to get another shortly from the College of the City of New York.' 'Is it safe for a man to use this?' 'Entirely. No one would be likely to question it. Of course, if he was questioned in court it would be unpleasant.' "How extensive traffic of this kind in dead men's diplomas is, may be judged from the fact that the barber Lambrecht, mentioned in a late number of the *JOURNAL*, had purchased the diploma of a deceased German physician, and tried to practise under the authority of the same, but was forced to flee from Illinois. "Dr." Crowe is commended to the attention of the New York County Medical Society. He feigned death to escape certain legal penalties once before, but is a sufficiently lively corpse to deserve

attention of the authorities engaged in the legal regulation of medical practice.

OVERWORK OF RAILWAY SERVANTS.—The importance of limiting the work of railway servants has, says the *Pall Mall Gazette*, frequently been recognized, but no one has ventured to propose to abolish overwork on railways by law. The State Legislature of Pennsylvania is now considering a bill making it unlawful for any city railway officials to permit a conductor or driver to work more than twelve hours in a day, on penalty of imprisonment for not less than one month, and not more than six months. As at present it is said the conductors and drivers are often worked seventeen consecutive hours in Philadelphia, the need for some remedy is obvious.

MERCURY IN DENTISTRY.—Dr. Eugene S. Talbot, of Chicago, in a paper read at the Dental Section of the American Medical Association, dwelt impressively upon the alleged injurious effects of mercury, as used in dentistry; he discussed especially the use of amalgam fillings in natural teeth. He stated that "there can no longer be doubt that amalgam fillings in teeth will sooner or later produce mercurial poisoning. The dire effects of this metal are not always seen immediately after the fillings are inserted, years sometimes elapsing before the injurious effects are felt and noticed." The history of two well-marked cases was given by Dr. Talbot. The amalgam fillings were removed, and gutta-percha temporarily substituted, these in turn being replaced with gold, after which all symptoms of mercurial poisoning disappeared.

NEW WINTER HEALTH RESORTS.—In a recent interview with a Northern newspaper correspondent who called on him at his home near Mississippi City, Mr. Jefferson Davis, though refusing, as usual, to talk upon politics past or present, made a number of very sensible suggestions in regard to the development of his section of Mississippi. He points out, among other things, that the hamlets of Biloxi, Bay St. Louis, Pass Christian, Ocean Springs, and Pascagoula might, by the expenditure of capital, be made popular winter resorts. There can be no doubt about the soundness of this view. The places in question, beautifully situated as they are, and bordering on the Mississippi Sound, get the full benefit of the soft south-west winds which blow over that magnificent sheet of water almost continually. All about are thousands of acres of pine forests, the odors from which are known to be most beneficial to weak lungs. The waters of the sound abound in fish, pomino, that greatest of table delicacies; sheepshead, Spanish mackerel, oysters, shrimps, and crabs, while the adjacent bayous are alive with wild geese and duck.

Altogether there is no reason why the villages of the sound should not be developed into prosperous winter cities, the rivals of Jacksonville and other places in Florida. But, as the ex-President of the Confederacy very truthfully says, "all this cannot be done without the expenditure of large sums of money."

CONFIDENTIAL COMMUNICATIONS.—*The North-western Law Reporter* reports the following decision of interest to physicians, since it involves the question whether information obtained by a physician from a patient, orally or from observation, must be disclosed on the witness-stand. The decision was given by the Supreme Court in Missouri. The law declares that "he shall be incompetent to testify concerning any information acquired by him from any patient whom he may be attending in a professional character, and which information was necessary to enable him to prescribe as a physician or operate as a surgeon." It was claimed that this statute referred only to what had been obtained from the patients verbally. The court held that, from the nature of the case, the result of the physician's observations were comprised under the term information, and that any other view would be destructive of the confidential relations of physician and patient.

WHO OWNS MEDICAL EXAMINATION PAPERS?—A case of some interest to the profession was tried in Cincinnati, April 4th, before Justice Marchant, and resulted in a verdict of \$300 damages. The testimony showed that the young lady plaintiff was a graduate of Pult Medical College in 1883. Examinations at the close of the term were conducted in writing and under sundry test conditions. Dr. Hartshorn, Professor of Surgery, conducted the examination on that subject by writing a list of twenty-three questions on the blackboard and requiring the students in his presence to write the answers. The plaintiff wrote seventeen pages of manuscript in answer to the questions, and handed the same to him. Afterward, having determined to have the results of her examination published in pamphlet form as an aid to her in starting in her profession, she called upon the members of the college faculty and requested the examination papers, or copies thereof. All of the professors so requested returned the papers, except Dr. Hartshorn, who, instead of giving her the papers or a copy, threw them in the fire and burned them up. This conduct of the professor could not be explained satisfactorily, and upon the facts and testimony relative to the value of the papers, the court assessed the damage for the destruction of the

same at \$300, as stated above. In colleges where examinations are made in writing, this decision becomes of importance in case students are rejected.

SYPHILIS FROM RAZORS.—Dr. Despres (*American Medical Weekly*, 1881) has reported two cases of syphilis arising from cuts of razors, and a seemingly similar case is reported by Dr. Morrow (*Journal of Cutaneous and Venereal Disease*, February, 1883). The case was that of a man who had an indurated crateriform chancre on the front of the chin just below the free border of the lips, which had been three weeks there, and was said to be due to a razor cut received in a barber-shop. There was, when the patient came under Dr. Morrow's observation, a general roseola; the chancre healed, and on the dorsum of the penis an inch above the corona glandis was a small circular non-indurated erosion, with a reddish-white base covered with small granulations, secreting fluid.

SPECIAL PREMIUM FOR A FEW WEEKS.—The last edition of the "United States Dispensatory" (the old Wood & Bache work, so valuable to all) has just been issued by J. B. Lippincott & Co., of Philadelphia, Pa. Their price for it, net, is \$8. If that amount be sent direct to this journal, the "Dispensatory" will be sent to the sender, and in addition he will receive this journal for six months. Any present subscriber sending \$8 to the JOURNAL will have the "Dispensatory" sent to him, and \$2.50 placed to his credit, a receipt to that effect being sent to him. No practising physician can do without the "United States Dispensatory," and it cannot be obtained from the publishers for less than \$8. A special premium of \$2.50 is thus offered to all who order the work through this journal. For \$10 the "Dispensatory" will be sent, and the JOURNAL for one year.

THE NEW POSTAL LAW will go into effect whenever the Postmaster-General sees fit to say so, within six months from March 3d. The new postal notes will be liked, since sums of five and *under five dollars can be obtained at a charge of three cents*, and without a written application.

TO PHYSICIANS.—*A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient.*—EDITOR.

GAILLARD'S MEDICAL JOURNAL

AND

(THE AMERICAN MEDICAL WEEKLY.)

Scientia et Veritas Sino Timore.

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No. 18.

ORIGINAL ABSTRACTS.

CUTANEOUS HEAT LOSS IN HEALTH AND DISEASE.

—Dr. Kusnezow, who has (*Medizinski Westnik*, No. 38, 1882) recently been making some researches to determine the amount of heat lost through the skin in health and disease, comes to the following conclusions: First, the loss of heat through the skin is not, in health, alike on both sides of the body. The left side shows a preponderance in this respect. Second, in superficial dermatoses the heat loss is greater from the affected than from the sound part. Third, in deep-seated dermatoses, the heat loss varies markedly.

FUSEL OIL.—To detect fusel oil in alcohol, Dr. A. Jorissen (*Chemist and Druggist*) adds to ten cubic centimetres of the sample ten drops of colorless aniline oil and from two to three drops of officinal hydrochloric acid. If fusel oil is present, a red color soon appears.

TWIN LUNATICS. — Dr. Morandon de Montezel (*Annales Medico - Psychologiques*, January, 1881) designated as *folie simultanée* or simultaneous insanity, a condition of things produced by two hereditarily predisposed individuals contracting insanity simultaneously, both being nearly allied. Dr. G. H. Savage (*Journal of Mental Science*, January, 1883) reports twins suffering from melancholia of the negative type accompanied by the neglect of food and cleanliness. Dr. H. Clifford Gill (*Journal of Mental Science*, January, 1883) reports the cases of twin sisters suffering from acute mania, both ultimately recovering. These cases, however, differ from the *folie a deux*, a condition in which one lunatic communicates his delusions to another.

INSANITY FROM PERTUSSIS. — Ferber (cited by *Hröpelin Archiv für Psychiatrie*) has recently re-

ported three cases of insanity in children, two girls and one boy, resulting from pertussis. The symptoms were depression, refusal of food, morbid fear, and excessive anger. One of the girls died.

THE DEVELOPMENT OF HEARING.—With regard to the sense of hearing, it is first remarked that all children for some time after birth are completely deaf, and it was not until the middle of the fourth day that Preyer (*Nature*) obtained any evidence of hearing in his child. This child first turned his head in the direction of a sound in the eleventh week, and this movement in the sixteenth week had become as rapid and certain as a reflex. At eight months or a year before its first attempts at speaking, the infant distinguished between a tone and a noise, as shown by its pleasure on hearing the sounds of a piano; after the first year the child found satisfaction in striking the piano. In the twenty-first month it danced to music; and in the twenty-fourth month it imitated songs; but it is stated on the authority of other observers, that some children have been able to sing pitch correctly, and even a melody, as early as nine months. One such child used to sing in its sleep, and at nineteen months could beat time correctly with its hand while singing an air. Preyer's child must have been somewhat dull, as children coming under the observation of other alienists have exhibited evidence of hearing on the second day. A child now under observation, two months old, makes attempts at speaking.

MEASURING INTELLECT.—Mr. Francis Galton, F.R.S. (*Nature*), to whom the scientific world is already indebted for several novel methods of research, lately brought before the Anthropological Institute some apparatus for measuring the relative delicacy of muscular sense. This apparatus consists of a box containing trays of small weight arranged in sequence, and numbered one, two, three, etc. The person

whose muscular sense has to be tested is told to arrange a given set of weights in their true order of heaviness, and his powers are measured by his success in doing so. Thus one man will appreciate a difference between numbers one and three, while another, more obtuse, will only find a difference of weight between, say, numbers one and five. Mr. Galton mentioned some general results of this system which are interesting. Men were found, for instance, to discriminate better than women, and men of intellectual attainments better than those not in the habit of employing their brains much. Again, women of morbid sensitiveness were found by this apparatus to be by no means remarkable for their success in discrimination. This curious system of comparison of weights appears, therefore, to be a test, to some extent, of intellectual capacity, and in its results is somewhat similar to the apparatus of Helmholtz, Dubois Reymond, Von Kries, and Auerbäch, shown some few years back at the South Kensington Scientific Exhibition. In this latter apparatus, the rush of blood to the brain could be approximately calculated during a mental effort. It therefore became possible to indicate, during the mental translation of a passage from one language to another, whether the person tested was familiar with the original tongue, or had merely a school knowledge of it. In the first case the mental effort would be small, but in the latter very much the reverse. Another method of dealing with mental impressions was experimentally demonstrated some time ago by Dr. Burdon Sanderson, who was able to measure the small fraction of time occupied in the transmission of a thought to the brain, excited by some external influence of the ear, sight, or touch. *Nature* says: "It would therefore seem probable that at some future time a complete set of tests may be devised, by which the mental capacity of an individual can be accurately gauged. The mere circumstance of successful cramming for a competitive examination will then no longer be considered a testimonial to a man's brain power." This latter is perhaps a little too positively stated, since bashfulness and allied conditions might introduce elements of error with difficulty eliminated.

FATTY HEART.—Leyden (*Leitschrift für Klinische Medicin*, Band v., Heft 1) by this title means the fatty deposits in the heart muscle which, not rarely, occurs from a general tendency to form fat, and now and then produces cardiac disease. The deposition only of fat in the heart does not give rise to any symptoms of disease. To produce these there must be degeneration of the cardiac muscle, giving

rise most frequently at first to cardiac weakness. Under the influence of unsuitable diet (spirits, etc.) and habits of life (too little exercise), fat is deposited in the pericardium and between the fibres of the heart muscle, which become therefrom flabby and dilatable, and thus produce cardiac asthma, angina pectoris, and hydrops pericardii.

THERAPEUTIC EFFECTS OF CORN-SILK.—Dr. Du Casse (*Progrès Médicale*, December 16th, 1882) after extended experiment with this substance, indorses the following conclusions of Dr. Landrieux respecting it. First, the various preparations of corn-silk are not only of value as alterants of the urinary secretions, but they possess an incontestable diuretic value. Second, the drug has a rapid diuretic effect, and the increase of urine is in three or four days very marked. Third, the results of the diuresis so produced are observable not only in the urinary apparatus, but in effects produced on the general circulation.

ARSENICAL ORIGIN OF ANILINE POISONING.—M. Grandhomme (*Chemist and Druggist*), superintendent of one of the largest French laboratories, has just published a volume on the alleged poisonous properties of aniline dyes now so extensively used in the manufacture of socks, stockings, and other fabrics worn in contact with the cutaneous surface. Such dyes are especially used in the fancy fabrics sold for the wear of children from four to ten years of age, and in the blue and red shades of gentlemen's socks. M. Grandhomme declares that the cases of poisoning recorded by physicians as due to these dyes are really traceable to the arsenious acid used in the preparation of the colors, not to the coloring matter itself. The fumes of a few of the dyes arising from the manipulation of petroleum produce difficulty of respiration when persistently inhaled. This is true of naphthalin, for example. Others are perfectly neutral and inert in their effects, and possess no toxic potency whatever, and to this category belongs aniline and its immediate relatives. The symptoms described in many cases are most certainly not those of arsenical poisoning, and if such were the case M. Grandhomme fails to point out how the poisoning is to be prevented, other than by abandoning the use of the colors.

GOUT.—Dr. Ebstein (*Practitioner*), of the University of Gottingen, gave an account, at the recent German medical congress held at Wiesbaden, of a series of labors that will interest many a sufferer. Many as are the theories that have been proposed as

the cause of gout and the best mode of treating it, saving the isolated facts of the presence of uric acid in the blood of gouty patients, of the deposition of urates in the various tissues in which the disease is in progress, and of the development of local nodosities, medical science has until now actually possessed no exact experimental information on the subject. Dr. Ebstein discovered a method of producing gout in the inferior animals, and, applying his discovery to birds, took the opportunity to study the origin, cause, and gradations of the disease in a more careful and exhaustive manner than any of his predecessors in the physiological laboratory at Gottingen. He found, in the course of his experiments, that the first step in the development of a gouty nodosity, was the creation, by the action of the uric acid in the blood, of a local centre of tissue destruction. This occurred prior to the deposition of the salts of uric acid, always present at such centres of disease, and was absolutely the first discoverable step in the progress of the malady. Dr. Ebstein found in his gouty bird foci of necrotic tissue in the cartilages, in the kidneys, joints, tendons, and connective structures. After the local destruction of tissue has proceeded to a given extent, it is followed by a stage of secondary inflammation which differs in its description, and in the abnormal products it creates, according to the nature of the tissue in which it occurs, and thus the nodosities of gout, differing in structure from each other, but identical in cause and origin, are gradually built up. By injections of uric acid dissolved in a solution of phosphate of soda, or merely held in suspension in water, Dr. Ebstein declares it possible to produce local centres of gout in any animal, and this direct experiment he regards as conclusive as to the primary agency of the acid in the production of the tormenting series of phenomena.

INTERNAL ŒSOPHAGOTOMY. — Dr. J. O. Roe, Rochester, New York (*Medical Record*, November 18th, 1882), after a careful analysis of the reported cases of œsophagotomy to be found in the literature, comes to the following conclusions on the subject: First, that internal œsophagotomy for division and removal of membranous or cicatricial constrictions or obstructions in the œsophagus is beyond question a justifiable operation; and in all cases where clearly indicated, it is the only operation for relief against impending starvation. Second, it is a safer operation in immediate results, and attended by fewer complications than external œsophagotomy or gastrotomy. Third, it, however, requires great care and the utmost manipulative dexterity, for careless per-

formance of it, even in the most favorable cases, would at once lead to serious consequences. Fourth, it is an operation applicable to strictures in every region of the œsophagus, whereas external œsophagotomy is only applicable to those located in the region above the sternum. Fifth, it is to be undertaken only when dilatation of the stricture has failed. Sixth, success in this operation means permanent relief and cure of the stricture. Restoration of the œsophagus to a normal condition rendering alimentation normal and leading at once to external freedom from annoyance, whereas success in external œsophagotomy or gastrotomy implies constant danger of most serious complications and unfavorable terminations. Seventh, the operation does not dispense with the use of the sound, but renders its use rapidly effective. Eighth, it is inadmissible in strictures through which an opening cannot be found. Ninth, it is contra-indicated in every instance in which the obstruction is of a malignant nature, or caused by conditions external to the lumen of the œsophagus; where the walls are greatly atrophied, thinned, or indurated; and where internal urethrotomy would be impracticable under like conditions of the urethra.

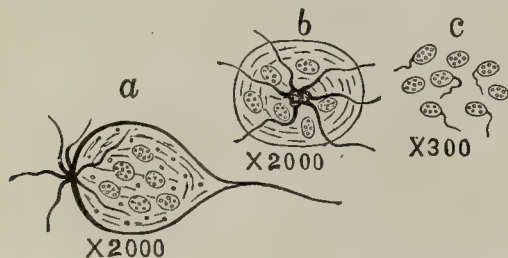
ORIGINAL ARTICLES.

A NEW INTESTINAL ENTOZOÖN. By T. E. MURRELL, M.D., Little Rock, Ark.

About three years ago, while studying some dejections from the bowels of a gentleman, after his having taken a mercurial cathartic, I discovered a great number of curious bodies in vital motion. They were evidently controlled by volition or instinct, as their excursions were certainly not of a molecular nature. They were very small, from the size of a red blood-corpuscle to one half this size; and as my objective was a low angle sixth, I could not study them in detail. They were pyriform, however, with a long slender filament at the apex or tail end, and their motion was irregular and vibratile, going over the field in all directions, apparently feeding with the larger or oval end, which was always foremost. Their number varied greatly at different times, being sometimes numerous, to the extent of a dozen or more in a single field of the microscope, and at other times none were found. It was soon observed that they were only found when the dejections were fluid or semi-fluid, either as the result of a diarrhœa or a cathartic. A saline cathartic having been administered, they were found in the first

watery discharges, and grew more and more numerous to the last small watery evacuations, in which there is generally a good deal of mucus and mucous corpuscles, when they were always found in great abundance.

Later, coming in possession of a good sixteenth immersion lens, I made a very careful study of these singular bodies. Their length from larger end to tip of caudal filament varies from $\frac{1}{5000}$ to $\frac{1}{2500}$ inch, and the width of the broader part from $\frac{1}{7000}$ to $\frac{1}{3000}$ inch, and the thickness about one half the width, being flattened usually. The tail terminates in a single filament, which runs out as fine as that of a spermatozoon, and usually hangs straight out behind, following the body with almost no motion, except bending from side to side as sudden turns are made. At the caput or larger end, attached a little to one side of the middle portion, are five or six cilia in constant and rapid motion. When the parasite is active these are invisible, but their existence is recognized by the concentric current of particles in the fluid about its larger end. After some hours, if kept warm, or very soon if suffered to become cold, they grow sluggish, and then it is the cilia are distinctly visible. The body undergoes considerable contortions, sometimes drawing up until almost round, and again stretching out until its length is three times its width. The basal end is constantly turning and twisting, expanding and contracting, as if taking in particles of food. The body is covered with a soft outer lining, and within is filled with granules, seemingly bacteria and molecular matter, found in the element in which they live. The color is a pale white, like a mucous corpuscle. I give, as well as I can, drawings of them.



The addition of a drop of cold water to the mounted specimen stops all their motion, and they draw up and appear nearly or quite round, and are difficult to find any more.

The individual from whom I have studied these peculiar bodies from time to time, for nearly three years, still has them in great abundance, and a specimen can be had at any time in the manner mentioned. He is and has always been in good health, except formerly some difficulty of digestion. The character of food, medicines, and surroundings seem to have no influence on the number or character of these peculiar entozoa.

I have searched for information on this subject from every available source, but those experienced in the study of human excreta have accorded me a discovery. No mention of anything of like character is anywhere given; and one, whose authority in such matters stands pre-eminent, questioned the correctness of my observations, believing them to be organic bodies in molecular motion. But several gentlemen to whom I have shown them, one a noted microscopist in New York City, agree in their zoönic character. The simplest classification of them would be infusorial.

Just as I am about to write this my eye falls on an article in the April number of the *N. Y. Med. Jour. and Obstet. Rev.*, entitled "A New Intestinal Parasite." It says: "Two years ago Grassi discovered in various species of mice an intestinal parasite, which he calls the *dimorphus muris*; but, having since found it in cats and in man, he prefers to drop the old title as no longer appropriate, and he now names it the *megastoma entericum*. This parasite is shaped like a pear with an elliptical base, is covered with an envelope, apparently chitinous in character, and is provided with six cilia at its basal end (head), and two similar projections at its apex (tail). Its distinguishing feature is its mouth, which is situated upon one lateral surface near the basal end. By this mouth it is seen to attach itself to the epithelial cells of the intestinal canal. The *megastoma* is of about the same size as the ordinary red blood-corpuscle, being from five to ten m in length, and four to six m. in breadth. The author considers it doubtful whether any pathological significance is to be attributed to the presence of the parasite."

This description would answer very well for the parasite under consideration, excepting I have never seen one with two cilia or projections at the tail end, nor would I call the envelope "chitinous in character."

An examination this morning (April 12th, 1883) shows myriads of these entozoa.

DIGITAL THORACENTESIS. By EPHRAIM CUTTER, M.D., New York.

In 1872, Miss Blanque was found in bed with orthopnœa, short and gasping, pulse 120; pain and tympanitic percussion over left upper third, front and back of chest; lower thirds dull and flat; heart pushed to the right; auscultation revealed at left upper third amphoric respiration and metallic tinkling. Succussion gave splashing at left upper third, front and back; absence of respiratory sounds over lower two thirds left chest; puerile respiration and clear percussion over right chest; intercostal spaces

of left lower chest fully distended and fluctuating ; left side immobile during respiration.

Diagnosis.—Perforation and collapse of left lung. Hydro-pneumo-thorax. Despite treatment, the effusion gradually filled the whole left thorax ; the air at the top disappearing entirely. After some time aspiration by the Wyman Bowditch method was resorted to, in the presence of the late Dr. William J. Stevens, of Stoneham, Mass., Dr. S. Watson Drew, Woburn, Mass., and Dr. Winthrop F. Stevens, now of Stoneham. The chest was punctured with the small aspiratory needle. No fluid. A second larger and third largest canula were used. A common knitting-needle was passed through the canula till it struck the opposite wall of the chest. No fluid. The operation was then discontinued, and the physicians were consulted with, as follows : “Gentlemen, I know there is fluid in the left chest from the history of the case. The dulness on percussion, the immobility on respiration, the fluctuating intercostal spaces, the heart to the right. It is not like the case I attempted once to aspirate for you, Dr. W. F. Stevens, when I punctured several times, and probed with the knitting-needle, but which proved to be (after death) encephaloma of the entire left lung, for we have here the history of pneumo-thorax. I think that the walls of the chest are thickened with deposit in the pleural cavity so deeply that this clogs and prevents the flow of fluid, both by the needles not being long enough to penetrate beyond the deposit, and by the suction of the deposit into the aspirator tube. Now, I propose to you the following : Make an incision through the skin of two inches long, between the ninth and tenth ribs at a point equidistant from the spine and sternum. Then I force through the intercostal muscles and fascia my right forefinger, till I can feel the fluid, and then withdrawing it there will be an opening large enough for delivery.” With further explanation this was agreed to. The skin was cut, the digit introduced ; a soft magma-like layer was felt. The finger was moved till the fluid was felt, and as it was withdrawn, a copious flow of fluid spouted forth. In the fluid floated masses of golden-yellow jelly-like matter. No hemorrhage ; no anæsthesia.

There was no trouble in keeping this opening free. I am sorry to add the patient did not recover, but lingered some years bedridden.

The thought of this digging through the ribs was the inspiration of the moment. It is thrown out here simply to complete the history of the operation in this country, which I have never in my experience known to have been fatal.

THE RELATIONSHIP EXISTING BETWEEN PHYSICIAN AND DRUGGIST. By J. W. C. CUDDY, M.D., Baltimore. Read before the Baltimore Medical and Surgical Society, April 11th, 1883.

The recent tragic and sad occurrence at the Shirley House in this city has been the theme of many conversations, and is in reality rich pabulum for reflection. It is the text for this short homily on the relationship between physician and druggist. There seems to be a want of proper understanding between the two, the absence of which may work to the detriment of both professions, or at least to ours at any rate.

In the individual case just cited, if we are to judge from the published reports, the jury were certainly correct in censuring druggists for their actions. When an ounce prescription is ordered, it is most emphatically wrong for a pharmacist to put up a thirty ounce quantity, the prescription being simply an order on him for a stated amount. In the first place, it is more than the physician supposes that the patient needs at once, or he would write for more. Secondly, it is dangerous for such large quantities to be placed in the hands of any one, especially those whose condition calls for the administration of such drugs as chloral, etc. And thirdly, that which we must all look to, although the public may think it mercenary, it would work to the financial injury of both doctor and apothecary ; for a druggist would not charge as much per ounce for a thirty ounce mixture, as he would for a single ounce, whereby he would be the loser ; and at the same time the doctor would be deprived of his fee for re-prescribing ; thus both being losers financially, and as in this case, the life of the patient may be sacrificed.

It is very fortunate that in this case the censure falls upon druggists of such well-known honesty and ability, for the public very well knows that their standing is too high to permit of their doing aught for self-gain, and the medical profession is too well aware of their courtesy to believe that they would do the least intentional wrong to the interests of the physicians. Still, believing it to be one of the popular and constant mistakes, and it having become public property, I take this occasion to refer to it, and also to allude to some other facts which may properly come under the caption of this paper.

The habit which druggists have of giving to their customers copies of prescriptions is a pernicious one. They commit a moral wrong in so doing, for the prescription is simply an order from the physician to supply what, in his opinion, is needed at that time. How can any one know that those proportions

would be suitable at a different time; and possibly under different circumstances? And yet this proceeding is of daily occurrence, whereby not only a wrong is committed, but an act which is unfair to the physician. If a copy is needed to be taken out of the city, or for any other purpose, the physician is the proper one to give it, he alone being responsible for ordering what is needed, the druggist being simply the dispenser of such ordered medicines. I believe if this could be checked entirely it would often be of advantage to the patient, that it would inure to the benefit of the physician, and that it would not be the least injury to the druggist. Let us endeavor to have this pernicious habit stopped.

As regards the custom of repeating prescriptions without the request of the physician, it is one which has been mooted long and seriously. It has its advantages and its disadvantages, and much of course can be said on either side. Still there must be a right and a wrong to this question, and if this could be finally established these vexatious differences of opinion would be forever settled. In my own mind there is no doubt concerning it. I believe it to be injudicious on the part of the druggist to renew any prescription without an order from the physician who wrote it. After a given quantity of a mixture is taken, or a given number of pills used, the physician alone is competent to say whether the same remedy be re-demanded or not. The patient and his friends are not supposed to be able to know, and the apothecary, I care not how learned and intelligent he may be, without seeing the patient, is certainly in no position to decide. I know the old argument about the patient having got the prescription and paid for it, that then it is his, and that the druggist assumes the right to act on his order, but such reasoning is fallacious in the extreme. The question of the order and the supply is between the physician and the druggist, and the relationship existing between them is too close, and the dependence of one upon the other too great for one to act independently of or to the detriment of the other. This can be finally and fully settled only by an amicable conference between the physicians and the druggists. As it is, it will go on interminably with bickerings and misunderstandings.

Prof. Henry Smith, of Philadelphia, had printed on his prescription papers, in large letters the words, "Do not repeat this prescription without my order." In speaking of this to a druggist he told me that he would not obey such an order. Such a druggist ought not to be patronized. I am in the habit frequently of giving an order for the renewal of a prescription as follows:

Repeat No. —, Date, —, and signing my initials just the same as I do in an original prescription. I intend to do it universally hereafter, hoping that this view will come to be known, and then respected accordingly. Why, I know cases where prescriptions of mine have been in use for ten or twelve years, and have been handed around to family after family whom I have never known.

Is it not time that something is being done to remedy these wrongs? Believing so, I bring them before this society, hoping that an interest will be manifested, and that some one here may be found able and willing to suggest a remedy by which the difficulty may be overcome.

SELECTIONS.

ON SOME POINTS IN THE TREATMENT OF URINARY ABSCESS, STRICTURE, AND EXTRAVASATION OF URINE. By REGINALD HARRISON, F.R.C.S., Surgeon to the Liverpool Royal Infirmary.

Though the statement may appear almost paradoxical, there are a number of the worst cases of stricture of the urethra which are positively benefited by the formation in association with them of a urinary abscess, having an outlet in the perineum.

If in these cases the natural course of events is supplemented by some surgical assistance, the after-condition of the patient is often ameliorated, and he dates his improvement from what is generally regarded as a serious and painful complication. This advantage may be traceable to one or other of the following events happening spontaneously: (1) To the formation of a perineal fistula through which urine escapes more easily than through a tight stricture previously subject to spasmodic attacks; and (2) to the destruction of, in great part, or alteration in, the original stricture by sloughing or suppuration when a lesser evil is substituted for a greater one. There is, however, a risk attending these complications which may bring about a fatal termination unless it is amply provided against. I refer to extravasation of urine and pelvic cellulitis arising therefrom. When, however, extravasation is anticipated, or dealt with before much damage has been done, the risk is comparatively slight, provided the patient's health has not been seriously deteriorated by long-standing suffering. A urinary or peri-urethral abscess is the result of protracted local irritation within the urethra. Hence it is usually met with about the point corresponding with the common seat of stricture—viz., the bulb. In

addition to its more frequent association with stricture it may be caused by gonorrhœa, especially when affecting the deeper portion of the urethra, by the passing of bougies, or by the use of too strong injections. It would not be difficult to illustrate its occurrence and course under all these circumstances. It usually commences with tenderness in the perineum, followed by swelling, distinct to the touch and accompanied with increased bladder irritability. In cases uncomplicated with organic stricture it seldom occasions much anxiety. The adoption of soothing treatment externally to the part, and to the urethra from within, is generally sufficient to bring about resolution. Operative treatment is seldom required so long as micturition is not interfered with. Should the swelling be sufficient to occasion retention by pressure on the urethra, then an opening may be required. In doing this care should be taken not to open into the urethra, it being important not to interfere with the integrity of the canal. It is sufficient to open up the abscess from without, for if the urethra subsequently gives way, no fear of extravasation need be apprehended; while, on the other hand, it by no means follows that the urethra and the abscess cavity shall become continuous. The occurrence of a rigor in conjunction with the formation of a perineal tumefaction is another indication as to the propriety of incising.

It is, however, to the variety of this disorder when associated with long-standing stricture that I wish more fully to refer. A patient who has suffered from stricture for a considerable period, and has been much worried by it, as well as the treatment necessary to keep it tolerably pervious, finds a degree of hardness between the scrotum and anus which increases. The efforts to urinate are frequent and distressing, and the patient strains to get relief. Relief may come in the form of a natural discharge of the abscess and the formation of one or more openings by which the urine is voided. But the most serious event is when the urethra gives way and becomes continuous with the abscess cavity, and the urine is forced among the tissues comprising the scrotum, penis, and abdominal parietes. Here, then, is urgent necessity for free incision wherever the urine has strayed. In the majority of cases of this kind the damage is all anterior to the deep triangular ligament, so that the cavity of the pelvis remains intact. There are, however, important exceptions to this, to which I shall presently refer.

It is generally agreed that an early opening of the abscess and incision wherever urine has become extravasated is the only treatment to be adopted under these circumstances. A considerable experience of

this class of cases has, however, convinced me that it is, as a rule, better to divide their treatment into two occasions; first, to deal with the pressing symptoms of abscess, retention, and impending extravasation, reserving for a subsequent opportunity, as will be presently illustrated, the treatment appropriate to the stricture itself. I have several times both opened the abscess from the perineum, and at the same time divided the stricture; but I am satisfied that it is far better, far safer, to postpone the latter step. Far better, because the condition of many of these strictures is often materially altered and improved by some of the consequences of a urinary abscess; far safer, because the proceeding is limited to the relieving of tension and evacuation of matter, without invading structures which are more or less involved in an acute inflammatory process. Formerly I contented myself with a free perineal incision into the abscess, and what I believed to be the urethra behind the stricture. In some of these cases, where no instrument could be passed through the stricture into the bladder, this belief, that the urethra had been opened into through the abscess, was only founded on the fact that urine escaped freely through the opening that had been made. This I now believe to be insufficient evidence of the completeness and permanency of the new channel through which urine has, at all events for some time, to escape by.

As already remarked, in the majority of these cases the whole of the mischief is anterior to the deep triangular ligament; in a small proportion, however, there is collection behind this barrier and burrowing of matter, or extravasation of urine in a backward direction, either upward on to the anterior surface of the bladder behind the pubes, or downward toward the pelvis, may be going on. It is not always possible to discriminate in urinary abscess and early extravasation whether the whole of the mischief is confined to the parts anterior to the triangular ligament, or is also going on behind it; and yet the distinction is a vital one. Two cases of the latter kind came under my notice within a short period of each other, and were the means of altering my procedures; I believe for the better. In both I thought I had provided sufficient vent for matter or extravasated urine, but it proved otherwise. In one the bladder above and behind the pubes became œdematous and required incision, through which deep sloughs were discharged, and in the other, through a free perineal incision, with my finger and forceps, I subsequently removed sloughing masses which had evidently been formed within the pelvis. In the latter a constant rise in the temperature con-

vinced me that retrograde extravasation was going on, though the urine seemed to be well discharged from the perineal aperture.

To further guard against occurrences of this kind I now make it a part of the procedure in all these cases, not only as I did before to open the perineum, abscess, and urethra, but further to introduce a lithotomy or similar tube through the wound into the bladder for retention so long as urine has to be largely passed in this way, and so to establish an uninterrupted drain. Tubes for this purpose have been made for me by Messrs. Krohne and Sesemann. They have a slightly rounded end, so that they may the more easily be passed into the bladder when the urethra has been opened, and they are provided with eyelets, by means of which they may be secured by a **T**-bandage. To the end of the canula a piece of rubber tubing is attached, to convey the urine as it escapes into a receptacle by the patient's bedside. In this way he is kept perfectly dry and free from smell. An ordinary lithotomy gum elastic tube may be used for this purpose, but a metal instrument is as a rule to be preferred. Where the perineal tumefaction is situated about the bulb, the usual seat of stricture and abscess, I have the patient placed in the lithotomy position, and make my incision as if I were doing a median lithotomy without a staff. If the knife is passed sufficiently deeply toward the apex of the prostate and in the median line, with its back toward the anus, there is no difficulty in opening the 'membranous urethra. If the opening is made sufficiently boldly, so far as depth is concerned, the finger will readily enter the urethra, and then may be passed on into the bladder. On the withdrawal of the finger the tube is then to be substituted. It is seldom under these circumstances that a grooved staff can be introduced into the bladder by the urethra. A stricture rarely occasions an abscess behind it so long as it remains permeable to an instrument or to urine otherwise than in drops. The operation is seldom attended with hemorrhage when it is executed precisely and cleanly. If the bleeding is free, one of Buckston Brown's tampons may be substituted temporarily for the other tube. Before the finger is withdrawn from the bladder and the tube introduced, advantage should be taken to explore the interior of the viscus, forcible pressure being exercised above the pubes with the other hand so as to bring the bladder within reach. In many cases of long-standing stricture, where the bladder has undergone structural changes, I have thus incidentally been able to obtain information which was of value in the future management of the case. In two instances I removed

phosphatic concretions from off the mucous membrane which might have formed nuclei for stone. What I have described closely resembles Cock's operation of tapping the urethra at the apex of the prostate; it may, in fact, be said to be an adaptation of it for treating retention of urine complicated with stricture and urinary abscess, with extravasation of urine impending or commencing. I usually retain the tube in the bladder for about a week, or until the perineal wound has commenced to clean and all sloughs have been discharged. The stricture should then be explored from the meatus. In some instances it will be found that the abscess has converted what was previously a tight impassable stricture into one that will admit of dilatation by bougies. I have thus succeeded in eventually obtaining a full-sized urethra, with occlusion of the perineal incision, as in Syme's operation. In other cases I have found the stricture unamenable to management of this kind, and have treated it by section, either from within or without; while in a few the urethra has been found so extensively disorganized that the patient has been glad to exchange his previous condition of stricture and discomfort for one of perineal fistula and comparative ease in accordance with the excellent practice of Mr. Cock. In cases where extravasation has also taken place and the skin is undermined with sloughs and pus, it is a matter of considerable importance to know that whatever sinuses there may be connected with the urethra along which fluids may burrow, there is a direct escape for urine from the bladder which cannot be interfered with, and that consequently no further extravasation unknown to the surgeon is likely to take place.

I may here observe how desirable it is that any incision practised upon the perineum for an inflammatory swelling should be confined to the median line, as indicated by the raphe. It sometimes happens that the perineal tumefaction occasioned by a stricture and resulting in abscess is by no means central; on the contrary, cases are frequently met with where the formation is lateral, and may be traced in the direction of one side or other of the pubic arch, the matter making its way in the interval between the muscles and in contact with one of the crura penis. Still under these circumstances the incision must correspond with the raphe, otherwise hemorrhage and permanent fistulæ may be the result. Though the most prominent point of the swelling may not always correspond with the incision, the abscess cavity or extravasation is almost invariably opened into with the knife as the urethra is approached, or, if necessary, may be reached with

the finger or dressing forceps. In incising the perineum for abscess or extravasation, I have always regretted any departure from the rule I have thus formulated for my own guidance. An abscess or a deep extravasation, though taking origin from a centrally situated stricture which has caused the urethra to give way, can occasion a lateral tumefaction which may mislead. I will illustrate these observations by some brief notes of cases, premising, to save repetition, that they were all instances of long-standing subpubic stricture of the urethra occurring in middle-aged men in my practice in the Royal Infirmary; these came under my notice within a short period of each other, and formed material for clinical remarks at the time.

CASE 1.—A. B.—had been almost unable to pass any urine for six days, when he noticed a hard swelling behind his scrotum. He had had a rigor before his admission into the infirmary. On admission nothing but a filiform instrument could be passed. The perineum was hard and bulging, and the region of the bladder was exceedingly tense. I opened the perineum with a deep incision, which enabled me to pass my finger into the membranous urethra, and on into the bladder. A quantity of fetid pus and urine was discharged. A tube was introduced into the bladder through the wound and secured in the manner that has been described. By this arrangement bladder drainage was carried out. Seven days afterward I removed the tube and passed a small bougie along the whole length of the urethra. I felt sure from the feel of the stricture that dilatation could now be proceeded with without difficulty. In a month the perineal wound had closed and the patient left the infirmary passing a full-sized bougie for himself. He remains well, though he occasionally passes an instrument for himself.

CASE 2.—In many respects similar to the preceding, but some extravasation of urine into the scrotum and penis had taken place before I saw this patient. The practice adopted was the same as in Case 1, with the addition of incisions where extravasation had taken place. At the end of eight days I removed the tube, and subsequently tried gradual dilatation of the stricture, but without any progress. As the stricture was tight and contractile, but at the same time limited, I performed internal urethrotomy with Maisonneuve's instrument, after which quite as good progress was made as in the previous instance.

CASE 3.—Here, in addition to an enormous urinary abscess, there was extensive extravasation of urine, the root of the penis being occupied by a dense cicatricial mass, the result of an old laceration with a cotton hook. With a perineal tube, and free

incisions wherever there was extravasation, and plenty of support, with good nursing, he made excellent progress, but I was never able to establish the continuity of the urethra. I therefore left him, as in Cock's operation, to micturate through his perineum, an exchange which he has never regretted. He has no desire to return to the previous condition of wretchedness which his dense stricture entailed upon him.

My observations lead me to the following conclusions: 1. That in all cases of perineal abscess and extravasation of urine associated with organic stricture of the urethra, perineal urethrotomy behind the stricture should be practised, and provision made for the direct escape of urine by the insertion of a tube into the bladder from the wound. 2. That the treatment of the stricture should be postponed until the more urgent symptoms of abscess and retention, or extravasation of urine, have been relieved.

CASE OF TROPICAL ABSCESS OF THE LIVER. Delivered at the Middlesex Hospital. By J. KINGSTON FOWLER, B.A., M.B., Assistant-Physician and Pathologist to the Hospital, and Assistant-Physician to the Brompton Hospital for Consumption, England.

GENTLEMEN: The patient whose case shall form the subject of my remarks, and whom I shall presently show to you, is a man aged twenty-seven, well built, of good muscular development, and by occupation a navy. He was admitted into the hospital on April 11th, 1882, complaining of cough and pain in the right side; he came under my care about a week later. He gave the following account of himself: He had enjoyed good health up to four years ago, when he was laid up for six weeks with an attack of acute rheumatism affecting the ankle, knee, and hip joints; since then, with the exception of an occasional cold and cough, he has remained well. He stated distinctly on several occasions, in reply to questions, that he had never been out of England; and it was not until he had been obliged to take the first important step in treatment that we discovered that he had enlisted in a cavalry regiment in 1869, and in February, 1870, had been sent to India. For the first year he was stationed at Bangalore, in the Madras Presidency, and while there was quite well. The regiment was then moved to Secunderabad, and remained there five years, during which time he was twice in hospital; in 1873 for six weeks with Indian fever, the principal symptoms being fever, vertigo, weakness, and loss of weight; in 1874 for ten weeks with fever and pain in the right shoulder

and hypochondrium. He remembers that on one occasion during this attack his temperature rose to 106° F., but he had no diarrhoea, dysentery, or jaundice. There can, I think, be little doubt that this second attack was one of acute hepatitis. After recovery he returned to duty, and remained two years longer in India. He left the army in 1877, and has since worked as a navy.

We now come to his present illness. On April 2d, while working on a "night shift" in a tunnel, he felt sick and giddy and shivered. He went to bed, but though wrapped in blankets the shivering continued more or less during the whole of the following week. On April 6th sweating first occurred; it was continuous, but most profuse during sleep. On the 9th he complained of pain of a sharp character, localized in the right loin and epigastrium. He vomited several times, and suffered also from cough, with expectoration of frothy, but not rusty, mucus. There was no pain in the right shoulder, jaundice, or diarrhoea. On admission, his skin was of a sallow tint, and he was perspiring; the tongue was coated and brown in the centre. Temperature 101° F.; pulse 84, soft and compressible. There was troublesome cough; the expectoration frothy and of a slightly yellow color. On physical examination no adventitious sounds were heard in the lungs. The cardiac apex was in the normal position, and the sounds normal. The liver dulness was not increased, and the splenic dulness was normal. The urine deposited lithates on standing, and was free from sugar and albumen. On the following morning the temperature was 103° F. He had passed a restless night, and had perspired profusely. On the 14th it was noted that the breath sounds at the right base were weak, and accompanied on expiration by sibilant rhonchi. These sounds gave place soon after to fine crepitant râles. The bowels were freely opened after taking five grains of calomel, the motion being of a dark-brown color. For the next few days he remained in much the same condition. The temperature fluctuated between 99° F. in the morning and 103.4° in the evening. The sweating was continuous and profuse, especially during sleep. The cough was troublesome and expectoration copious, but it was never rusty. At the right base, posteriorly, there was diminished vocal fremitus; the percussion note was flat; the breath sounds feeble, and some fine crepitant râles were heard. The cardiac apex was not displaced. The pulse rose on the 19th to 120, and was soft and dicrotic, and he was evidently losing strength rapidly. I was struck when I first saw this patient with profuse perspiration, and remarked that the case reminded me of

two which I had seen at Addenbrooke's Hospital, Cambridge, which proved to be cases of hepatic abscess. I have since then been strongly impressed with the fact that *when obscure disease—e. g., pleurisy with doubtful pneumonia—at the base of the right lung is associated with profuse sweating, the formation of an hepatic abscess should be suspected.* On April 21st I carefully examined the liver, with the following result: the lower ribs on the right side were slightly bulged; there was slight fulness and increased resistance in the epigastrium and some tenderness on pressure there; the liver dulness commenced at the fifth rib, and measured six inches in the right mammary line, and five inches and a half in the mid-sternal line; there was no hydatid thrill or fremitus; the right rectus abdominis was tense. Dr. Cayley kindly saw the case in consultation with me, and agreed that it was quite justifiable to make an exploratory puncture into the liver. I therefore thrust an aspirator needle, one eighth of an inch in diameter, into the liver one inch below and the same distance to the right of the tip of the ensiform cartilage, and with the point at a depth of about two inches pus began to flow through the tube. After about an ounce had escaped the tube became blocked, and as the object of the puncture had been attained I withdrew needle. The pus was thick, curdy, blood-stained, and contained solid flakes; on microscopical examination no hooklets of echinococci were found. On the following morning, at my request, Mr. Andrew Clark plunged a large trocar into the same spot and drew off twelve ounces of pus having the same characters as that previously obtained. The cannula was allowed to remain in, and a large poultice applied over it, some carbolic tow being placed immediately over the orifice. At 2 P.M. on the same day the temperature had fallen to 99°; but it rose again in the evening to 102.8°. On the 24th, he was ordered sulphate of atropia, $\frac{1}{100}$ th grain in pill every night, with the view of checking the sweating; this it did very effectually for a time. For the next few days the temperature ranged lower than before the operation; there was a free discharge of healthy pus from the cannula; the abscess sac was washed out thrice daily with a 2 per cent solution of carbolic acid; and he took three-grain doses of quinine three times a day. On the 26th the cannula was removed and a drainage-tube inserted. On the 29th the drainage-tube accidentally slipped out of its place, and could not be reinserted into the abscess sac; I found it lying in the sinus, and removed it altogether. The discharge still continued, but was not free. The range of temperature was between 99° in the morning, and 103° in the evening. For the next

fortnight he continued in much the same condition ; the temperature maintained the hectic type ; the sweating, though less profuse, was still continuous, and the discharge was not free. The lower margin of the liver could now be felt two inches below the ensiform cartilage, and it was clear that pus had again accumulated and filled the abscess sac. On May 14th, I determined to tap the liver again, and plunged in a trocar, having a diameter of three eighths of an inch, just above, and internal to, the first opening. Pus flowed freely through the cannula, and in all rather more than twenty ounces were withdrawn. It had not altered in character since the first tapping. Toward the end of the operation, when it was thought that the greater part of the pus had been evacuated, he began to retch, probably as a result of the ether he had inhaled, and the compression of the liver between the abdominal muscles and the diaphragm forced out a large quantity of pus. Coughing and retching are useful, though possibly rather dangerous, aids to the emptying of an hepatic abscess. The cannula was now withdrawn, and a laminaria tent inserted in order to dilate the opening. This was removed in four hours, and replaced by a drainage-tube. The effects of the second tapping were extremely favorable. The lower edge of the liver receded an inch and a half. The temperature fell to the normal at once, and for nearly three weeks did not rise above 99°. The tongue cleaned, the appetite improved rapidly, the sweating almost ceased, and there was a moderate discharge of healthy pus. His progress toward convalescence, however, received a sudden check ; for during the night of June 3d, while the dressings were being changed, the tube was accidentally withdrawn, and was not at once replaced. This unfortunate occurrence was immediately followed by a severe rigor, in which the temperature rose to 103.4°. He sweated profusely, the tongue quickly became brown and dry, and when I saw him in the afternoon his condition appeared extremely critical. A long laminaria bougie was inserted and allowed to remain in three hours, and he was ordered quinine in fifteen-grain doses three times a day. When the tent was withdrawn, the drainage-tube was replaced without difficulty, and, the discharge being re-established, all the bad symptoms at once disappeared. On the following day he was quite as well as before, and the large doses of quinine were discontinued. Since then he has made steady progress toward recovery. On June 28th, the discharge having almost ceased, I withdrew the tube, as the sinus was evidently granulating upward, and the sac appeared to have become obliterated. It is quite possible that the tube might

have been safely dispensed with earlier, but, warned by our previous experience, I was anxious not to close the wound before it appeared certain that the abscess had healed. The physical signs noted at the right base gradually cleared up, and the lung symptoms ceased to give trouble after the first tapping. The edge of the liver cannot now be felt beneath the ribs, and the sinuses have completely closed. The diet at first was liquid, and suited to his feverish state, but as soon as the appetite returned I allowed him as liberal a diet as he desired.

I should like now to direct your attention to some of the chief points of interest in this case. First, as to its nature. It was soon clear that this was not an ordinary case of pleurisy with effusion or an empyema depressing the liver. The normal position of the cardiac apex alone negatived such an hypothesis. The physical signs, so far as the lung alone was concerned, were consistent with a rare form of inflammation, of which some of you have lately seen an example, in which the bronchi, even the primary branches in the affected area, are filled with fibrinous coagula. This condition has been named "massive pneumonia." This would not, however, have accounted for the profuse sweating, a symptom almost constantly met with in abscess of the liver, and which formed one of the most marked features in this case. I think there can be little doubt that we have been dealing with a tropical abscess of the liver, the result of the attack of hepatitis, from which the patient suffered while stationed at Secunderabad in 1874. It is quite possible that a small collection of pus may have remained encysted in the liver during the eight years which have since elapsed, and during which our patient has enjoyed good health. From some cause, which we can only guess at, possibly a strain while at work, the sac may have ruptured and set up an acute inflammation in its neighborhood. Or it may be that without actual pus having been encysted there were residues of the old inflammation lying quiescent in the liver, and around these suppuration occurred. Sir James Paget has shown how this may take place in other parts of the body, and Dr. Murchison suggested this explanation of those cases of hepatic abscess occasionally met with in persons long resident in this country who have suffered from hepatitis in the tropics.

Another point of interest is the prompt relief to all the symptoms which followed on the evacuation of the pus, and continued so long as the discharge was free, notwithstanding that a large portion of the liver must have been destroyed. In some other cases of the same kind which I have seen, recovery

has taken place with equal rapidity when once a free exit has been given to the pus.

The most common causes of hepatic abscess as it occurs in this country are either pyæmia or suppuration of an hydatid cyst. We may exclude the former, because the abscess was large and single, whereas pyæmic abscesses are usually small and numerous, and almost invariably have a fatal termination. That we had not to deal with a suppurating hydatid cyst is, I think, clear from the fact that frequent careful examination of the pus failed to detect any hooklets of echinococci. You will have noticed that the patient is stated never to have had dysentery.

The connection between dysentery and tropical abscess is a point which has been much discussed, and is still undecided. Sir Joseph Fayrer, in common with many other distinguished Indian pathologists, holds the opinion that* “the two affections are independent though often coexistent and due to the same climatic causes; that hepatic abscess does occasionally result secondarily by absorption from the ulcerated bowel, and is then of the nature of pyæmic suppuration, in which case it is apt to be multiple and more serious in character than ordinary tropical abscess.” It is, I believe, now generally recommended that the single large abscess, from whatever cause arising, should be opened as early as possible; but considerable difference of opinion still exists as to the best method of operating, whether by incision or with a trocar. If the abscess be distinctly pointing, it may be opened by incision, but even then I should prefer to use a trocar, and if it is at all deeply seated, there are decided advantages in adopting that course—viz. :

1. The risk from hemorrhage is much less; for when the liver is incised there is often a violent gush of blood. This, it is true, soon ceases; but these patients are usually not in a condition to bear a loss of blood which a distinguished surgeon, Mr. Lister, describes as “alarming.”

2. There is less danger from septic absorption along the track of the wound, as the pus flows through a cannula or drainage-tube.

3. As a trocar of any diameter may be used, the opening into the sac may be of any size that is considered desirable. For an exploratory puncture I prefer one having a diameter of one eighth of an inch; but if there is certain evidence of the presence of pus, it is very important to employ an instrument of at least three eighths of an inch or half an inch in diameter. If a smaller one be used, it is liable

to get blocked by the solid shreds of liver tissue which these abscesses so frequently contain.

The site to be chosen for the puncture must be determined in each case by the physical signs, but it is better, if possible, to avoid going between the ribs or cartilages, as the trocar must then pierce the diaphragm, and may wound the pleura and lung; also if the cannula or tube be retained for a long time necrosis of the rib is very likely to occur. In inserting the trocar it is desirable to follow the directions of the bulging—that is, if the abscess is pointing upward, the trocar should be directed from below upward, and *vice versa*; thus as contraction usually takes place toward the centre of the liver, the sac is brought as nearly as possible beneath the opening in the skin, pressure upon the tube is avoided, and drainage facilitated.

I did not in this case use the carbolic spray at the time of the operation, but by carefully washing out the sac with carbolic lotion and surrounding the opening with carbolized tow, the discharges throughout remained aseptic. As it is not possible in the time at our disposal to discuss fully the whole subject of the treatment of hepatic abscess, I have contented myself with drawing your attention to those points which appear to me of the greatest practical importance.

THE WEIR-MITCHELL TREATMENT.—Every physician who knows anything at all knows very well that Dr. S. Weir-Mitchell, of Philadelphia has established upon a rational foundation his method of treatment of certain nervous disorders, by means of forced feeding and forced utilization of the food so ingested.

Dr. Playfair, of London, has been using the same methods now for some eighteen months, and his successes fully coincide with Dr. Mitchell's.

The case best suited for systematic Weir-Mitchell treatment is the worn and wasted, often bed-ridden woman, who has broken down, either from some sudden shock, such as grief or money losses, or excessive mental or bodily strain, beginning with simple debility more and more yielded to, until at last all power of effort is lost. Coincident with this is the total loss of appetite, the profound anæmia, and the consequent wasting of the tissues.

Then follow the graver forms of hysterical disease, such as paresis, or paralysis, vomiting, disorder of motion, hystero-epilepsy, and many others, which constitute the despair of the physician.

The principal elements in the systematic management of these cases are :

1. The removal of the patient from unhealthy home influences, and the placing her at absolute rest.

* *The Lancet*, Jan., 1880, p. 674.

2. The production of muscular waste, and the consequent possibility of assimilating food, by what have been called "mechanical tonics," viz., prolonged movement and massage of the muscles by a trained shampooer, and muscular contractions produced by electricity.

3. Supplying the waste so produced by regular and excessive feeding, so that the whole system, and the nervous system in particular, shall be nourished in spite of the patient.

Since one of the chief elements in this treatment is the removal of the patient to a hospital, thus isolating her from the morbid influence of well-meaning but injurious commiseration of anxious friends and relatives, it is evident that its application is restricted to cities, and cannot be well carried out in country districts, where no such homes or hospitals exist.

The experience of these two eminent gentlemen is highly satisfactory, and it behooves us all to give great heed to these evidently valuable therapeutic measures.—*Med. Report.*

SELECTED ABSTRACTS.

ZIMMERLIN (Basle) : HEMORRHAGE AFTER TRACHEOTOMY FOR CROUP AND DIPHTHERITIS (*Jahrbuch für Kinderheilkunde*, xix: B., 1 H.).—The article of Dr. Franz Zimmerlin includes a careful search through the copious literature of the subject, a full description of the method of performing tracheotomy in the hospital at Basle (Prof. Dr. Hagenbach), tabular statistics of a large number of cases, and a careful analysis of the causes, prophylaxis, and treatment of hemorrhage after the operation.

The tracheotomy wound is open to the occurrence of secondary hemorrhage as any other wound. Causes especially predisposing to it here, however, are that one part of the wound remains open while the rest heals by granulation, that diphtheria alters the blood and increases the general hemorrhagic tendency, that the field of operation is rich in vessels, that the stagnation of the blood and increase of pressure during coughing, vomiting, and forcing at stool, and during attacks of dyspnoea, engorge the vessels of the neck, and that the taking out and re-inserting of the canula may disturb clots or even ligatures.

Bloody sputa occurring immediately, and for some hours after the operation, do not signify much, but when this occurs from the third to the tenth day, it usually means more, and generally points to an ulceration at the end of the canula. It may be caused by injury to granulations which have projected through the fenestra. It may be due to diphtheritic ulceration

in the trachea, or finally to pulmonary hemorrhage. The author acknowledges the difficulty of determining the source of the hemorrhage during life, and his differential points are not very practical.

More profuse hemorrhage may be divided into extra-tracheal and intra-tracheal. An intermediate class is formed of cases in which by ulceration through the walls of the trachea a vessel external to it is eroded and opened (arrosion of the arteria anonyma, or of some vessels of the thyroid). The hemorrhages may be arterial, capillary, venous, or parenchymatous. The arterial come from the anonyma and the thyroideal arteries. The former can only occur after tracheotomy inferior. Several cases are detailed in which the end of the canula ulcerated through the trachea directly over the anonyma, and two in which the artery was thus opened. The profuse capillary hemorrhages also probably come from the exuberant granulations around the ulceration caused by the canula. It may at first be slight, but cough, dyspnoea, change of canula, etc., may rupture other vessels till the bleeding is profuse enough to threaten life. The venous hemorrhages are usually from the veins of the thyroid. Several cases are on record of parenchymatous hemorrhage from the thyroid, occurring usually at the first change of canula. Diphtheritis of the wound, consequent ulceration and erosion of vessels, of course, play a prominent part in the etiology of hemorrhage. Pressure of a too large canula may destroy the wall of a vessel in the wound, a ligature may fall off too soon, or a thrombus be disturbed by a change of canula. The hemorrhages occur from the second to the tenth day, and, if help is at hand, can usually be controlled.

Prophylaxis of hemorrhage.—Careful ligature of all bleeding vessels during operation, or, if there is need of haste, the artery forceps may be placed on the vessels, and left hanging till the tube is inserted, and then the vessels tied. The surface of the wound may be touched with liq. ferri sesquichlor., or, as lately recommended, with iodoform. The canula must fit nicely, and as soon as possible the stiff one be changed for the flexible one.

Treatment.—When the expectoration becomes bloody, the canula should at once be changed for a longer or a shorter, or better, Baker's flexible one. When the hemorrhage is not severe, it will probably suffice to keep the child perfectly quiet, and avoid as much as possible all congestion of the vessels. In severer cases, a little chloride of iron may be applied, or short inhalations of turpentine, or a 2 per cent chloride of iron solution may be given, and ice applied externally. In urgent cases, there must be no hesitation. If the bleeding vessel cannot be

compressed against the canula, this must be removed, the blood drawn out of the trachea with an elastic catheter, and an attempt made to seize the bleeding vessel. Styptics must be used cautiously within the trachea, for fear of plugging it with clots. When the case is threatening, it is well to insert a tube (an elastic catheter), and press the trachea against it, or, if necessary, stuff around it with styptic cotton, meantime removing the blood through it by aspiration. The patient, meanwhile and afterward, must be kept as quiet as possible.

Discussing the effect of hemorrhage on the causation of pneumonia, the author concludes that, though pneumonia has frequently occurred after tracheal hemorrhage, yet the latter has so frequently occasioned no pulmonary troubles, and, on the other hand, pneumonia has been so frequent in these cases without hemorrhage, the probability is that the blood is not as important a factor in these cases as has been supposed.—*Am. Journal of Obstetrics*.

DR. RICHARD POTT: SPECIFIC VULVO-VAGINITIS IN INFANCY (*Jahrbuch für Kinderheilkunde*, xix. B., 1 H.).—Simple vulvo-vaginitis is not rare in children, and is most frequent before the fifth year, and then again at the time of puberty. Out of 3921 girls treated at the author's clinic, from 1876 to 1882, there were 44 cases of obstinate, long-continued, more or less profuse, purulent or muco-purulent discharge. These cases, which continue so long, and are so severe, the author claims are, almost without exception, specific and contagious. The author emphasizes this point, and was able to demonstrate, in nearly all of his cases, that the mother either had gonorrhœa or syphilis. That the membrane of the vagina is not affected as often as that of the eyes, is explained by its more protected situation and shorter exposure during delivery. In fact, contagion, in most cases, takes place after delivery, from fingers, towels, sleeping in the same bed with parents who have gonorrhœa, or directly from one child to another. These are by far the most frequent methods. In only two of the above cases could direct contagion from the male penis be proved, in both of which the fact was explained by the superstition among the peasantry that connection with a virgin instantaneously cures clap. In 6 of the 44 cases, the children had congenital syphilis with marked manifestations. It was found, however, that general treatment was not sufficient to cure the discharge, even though it entirely removed the other manifestations.

The author's method of examination is very thorough, including speculum and microscope, but there is not great difficulty in making the diagnosis.

His treatment, for a long time, has been about what is generally recommended, and has been very unsatisfactory. He now recommends two things. The first is the rupture or complete removal of the hymen in very obstinate cases. This usually brings about a rapid cure. But lately he has found a remedy which he thinks will make even this unnecessary. It is iodoform. He used it first in powder form, but that being too troublesome, he now uses it in the form of bougies, five to eight cm. long, and as thick as a small lead-pencil. These are passed in till the lower end is just within the hymen. No intoxication ever occurred, and the effect is "eclatant." In only two cases has he had to put in more than one bougie. [Having tried the same treatment in four cases, I can speak very favorably of it, though my results were not so prompt, perhaps because the bougies used were much smaller.]—*Ibid*.

VOHSEN: ACUTE RHEUMATISM (*Jahrbch. f. Kindhlkde.*, xix. B., 1 H.).—Karl Vohsen in an interesting article discusses first the many theories as to the etiology of rheumatism, finds most of them untenable or unsupported by any definite facts, but leans rather to the belief that it is an *acute infectious disease*, due probably to micrococci in the blood. The many complications are discussed in relation to this point.

Childhood suffers from all the complications of acute rheumatism which befall adults. Paralysis of the muscles of the eye is the only one the author has not seen in children. But still rheumatism in children has its own characteristics. The severity and duration of the pain is less on the average than in adults, the duration in adults being two to three weeks, and in children five to eighteen days. The complications in children show still greater differences. Chorea, a frequent complication in early years, is exceedingly rare in adults. Heart affections are very much more frequent in children. From his own cases and the records of many others the author finds that the heart is affected in nearly fifty per cent of cases in children. This complication is as apt to occur in mild cases as in severe ones, in fact some authors think it more frequent in the sub-acute cases.

The author then analyzes twenty cases which had recently come under his notice. The ages were between nine and fourteen years. No deductions as to hereditary influence or sex could be fairly drawn. In nine cases there was endo- or pericarditis. In none of these was the fever at any time above 103.2° F., and in one case there was no fever.

Swelling of the joints was observed in three cases.

The pain was severe but of short duration. In all cases the salicylate of soda proved promptly effective against the affection of the joints, but had no effect on the development of the cardiac complications. These occurred in about half of all the cases. The mitral valves and the pericardium were most frequently attacked. The lighter forms of rheumatism seemed especially to predispose to the heart troubles, making examination of the heart necessary in all cases.

As to why the heart is affected in children more often than in adults the author can offer no explanation. Anatomy and physiology give us no theories. The noduli, Jacobi's narrowness of the aorta, and other anatomical points of difference between the child's and the adult's heart have disappeared before the age at which rheumatism is frequent. The author then argues that the best theory to explain it is that rheumatism is an acute infectious disease and attacks the heart of the child more often on account of the less power of resistance it has. Further, exactly this relation of the heart to acute rheumatism is an argument in favor of its infectious origin. Of forty-five cases of endocarditis in childhood reported by v. Dusch, fifteen were idiopathic, twenty were connected with acute, two with subacute rheumatism and the remainder were complications of outspoken infectious diseases—scarlatina, variola, syphilis congenita. The acute rheumatism, therefore, so far as the heart complication is concerned, would seem to class itself with these acute diseases. Further, the rheumatism especially causes heart complications because its affection especially attacks synovial membranes and because there is so marked a parallelism between synovial membranes and the endocardium. All the darkness which surrounds the development and course of acute rheumatism is not removed by the supposition of a specific virus, but the author claims that not only has the theory good facts for its support, but also it explains more of the symptoms and complications than any other theory which has been offered.—*Ibid.*

TRANSLATIONS.

THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF NITRO-GLYCERINE. By H. E. DESSOSIERS, M.D., Professor at the University Laval, Montreal. Translated from *L'Union Médicale du Canada*, by H. McS. GAMBLE, M.D., Moorefield, W. Va.

The subject to which I wish to draw your attention this evening, is an actuality too evident to be discussed. For some time past, our political papers have talked of nothing else but nitro-glycerine and

dynamite, but from a standpoint very different from that upon which we are going to put ourselves here. If, in the world of revolutions, nitro-glycerine is regarded as a powerful engine of destruction, let us act the counterpart of this anti-philanthropic league, and see what good effects we can derive from this redoubtable substance, which demands the right of citizenship in our therapeutics.

Discovered in 1847, nitro-glycerine was experimented with, it appears, about the following year, by Héring. Since then, habitually prescribed by the homœopaths, it was, however, occasionally used by a few allopaths, and in 1879 Murrell, of London, after a series of observations, described its therapeutic properties. On all sides, then, the new remedy began to be studied, and it is the results of these studies that I wish to submit to you this evening.

The physiological properties of nitro-glycerine very much resemble those of nitrite of amyl, with which you are familiar. Like the latter, and still more so, nitro-glycerine is toxic in small doses, and is employed only diluted in the proportion of one to the hundred of alcohol.

Nitro-glycerine acts especially, we might say exclusively, upon the nervous system, and, through it, upon the different organs of the economy, and particularly upon the organs of circulation. In doses of one to six drops of the alcoholic solution, 100th (representing from the $\frac{1}{1000}$ to the $\frac{1}{500}$ of a drop of pure nitro-glycerine), it produces, in three or four minutes, headache, sometimes fugitive and transitory if the dose is the minimum, sometimes persistent if the dose is larger. With this headache there is a sensation of fulness in the head, as if a band was compressing the temples and the forehead, vertigo, amblyopia, ringing in the ears, confusion of ideas, sometimes even complete loss of consciousness according to Murrell, who does not seem, however, to regard this latter accident as very dangerous, so long as the dose administered has not been too elevated.

Upon the circulation the effects of nitro-glycerine are not less marked. The face is congested, becomes florid and swollen (vultueuse), and is covered with sweat; the heart beats more strongly and more rapidly, and the carotid and temporal arteries are the seat of exaggerated pulsations.

The respiration is likewise accelerated. The subject feels sometimes a pleasant warmth diffused over the surface of the body. Often there is diaphoresis, and, in a few rare cases, nausea.

We have then here, as Hammond has remarked, symptoms indicating an intense cardio-vascular excitation at the same time as a hyperæmia of the brain and its membranes. But this action of nitro-

glycerine upon the circulation and the nervous system resembles entirely that of nitrite of amyl. Like nitrite of amyl; nitro-glycerine accelerates the pulsations of the heart, sometimes twenty per minute, and increases the force of the impulse.

Like nitrite of amyl also, nitro-glycerine causes dilatation of the peripheral blood capillaries and of the arteries of small calibre, whence a full, bounding, large pulse, a little soft, however, but never irregular or intermittent. As a consequence of this increase of force and rapidity of the cardiac pulsations, there is acceleration of the circulatory current, acceleration which is modified, it is true, by the dilatation of the capillaries, this latter having the effect of diminishing the resistance offered to the heart by the vessels of the periphery. From the very fact of dilatation of the blood capillaries, we have hyperæmia and its different phenomena, such as we have seen produced under the influence of a drop or two of the solution of nitro-glycerine, hyperæmia of the brain, of the face, etc.

The action of nitro-glycerine upon the circulation, as well upon the heart as upon the blood-vessels, is accomplished, we have said, through the medium of the nervous system, but how? Does nitro-glycerine act exclusively upon the heart, or exclusively upon the vessels, or upon both at once? According to some, this remedy might produce an incomplete paralysis or paresis of the vaso-motor nerves and of the pneumogastric. The vaso-motor nerves being paralyzed, there is capillary dilatation and peripheric hyperæmia. The exaggerated dilatation of the capillaries has, in its turn, the effect of lowering the arterial tension and of increasing the frequency of the pulsations of the heart; but this effect might still be produced by paralysis of the vagus nerve. This latter, pushed too far, by the influence of toxic doses, might bring about not only precipitation of the cardiac pulsations, but also their enfeeblement.

According to others, nitro-glycerine, given in small doses, might directly stimulate the sympathetic, increasing thereby the quickness and force of the pulsations of the heart, and producing dilatation of the capillaries by stimulation of the vaso-dilators, exactly as alcohol does in small doses. In larger doses, stimulation might give place to paralysis.

According to a third theory, finally, nitro-glycerine acts only upon the vaso-motor nerves (vaso-constrictors), which it paralyzes as well as the smooth muscular fibres of the small vessels. Whence dilatation of the arterioles and capillaries, lowering of the arterial tension, and increase of the frequency and strength of the cardiac pulsations.

Whatever theory may be accepted, the effect re-

mains the same: there is lowering of the vascular tension, paralysis of the vaso-motors—in a word, peripheric hyperæmia.

We shall see in good time that nitro-glycerine is administered in certain cases of organic diseases of the heart for which digitalis is also often prescribed. But, as we have just seen, the mode of action of these two agents is by no means the same. Digitalis is a heart and vaso-motor tonic; it causes local anæmia, and by the increase of the arterial tension it augments the peripheric resistance, increasing also thereby the sum of the force which the heart must bring into play. Nitro-glycerine, on the contrary, is a direct or indirect stimulant of the heart and vaso-motor paralyzant; it causes local congestion, and, by the diminution of the vascular tension which it produces, it diminishes the peripheric resistance, diminishing thereby the sum of the force that the heart must bring into play for the perfect equilibrium of the general circulation. If it happens, then, that one prescribes these two remedies in the course of the same disease, this cannot be upon the same grounds nor to combat similar pathological states.

PROCEEDINGS OF SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.—A stated meeting was held March 15th, 1883, Fordyce Barker, M.D., L.L.D., President, in the chair.

Dr. F. R. Sturgis read the paper of the evening, entitled "The Regulation and Repression of Prostitution."

The problem was one which had long been agitated, but was still far from a satisfactory solution—a fact which was not to be wondered at when the vastness of the subject, and all the factors entering thereinto, were taken into consideration. He would consider the subject under three headings: First, the causes of prostitution; second, the necessity of regulating the evil; and third, the results obtained by legislative action in this direction.

The causes were various, and before taking up that point he referred to the definition of the term, and said it was generally accepted to mean a woman who uses her body for the purpose of deriving an income therefrom, but if it were taken simply in such a restricted sense it would exclude a large number of women who are really prostitutes in all except in name, and who are a most dangerous element in the community.

The statistics concerning the subject on this side of the water were extremely meagre, as it was one which had practically been tabooed, and which was

never mentioned except with bated breath. The only American work which made any pretence toward giving statistics was that of Sanger, and it was to this that he was indebted largely for certain facts stated in his paper. There was one fact apparent from the statistics of the three nations, France, England, and America—namely, that for the existence of the evil man was most culpable, indeed, was the prime agent; and this was an important point when we come to consider the question of regulation. In order to make regulation anything like effective, those who were found diseased in the male sex should be restricted as well also as were those of the opposite sex; but it must be acknowledged that this was a matter almost impossible of practical execution.

Probably the next most potent factor among the causes after that of misplaced affection was the love of dress. Another was that of the absence of proper home influence, from death of the mother or drunkenness on the part of the parents, or from crowding in tenement-houses. Another cause, particularly among the so-called higher classes, was a desire for luxury. His own observation and that of his professional brethren went to show that syphilis among the well-to-do classes was increasing every day.

An attempt at regulation had been made in some of the cities of this country, among others St. Louis. About 1869 St. Louis passed a law for the regulation of prostitution, and, from information which he had obtained, it seemed to have worked fairly well, but the opposition to it among the laity was so strong that the plan had to be abandoned. The arguments brought to bear against it were, in the first place, that it was absolutely wrong to recognize and therefore to attempt to regulate any such vice; that it was giving an air of respectability to an evil which had better be kept out of sight; that if it was so bad as represented it would soon reach a culminating point and regulate itself; that in the vast number of cases the regulation of the evil had not been attended with as favorable results as had been expected.

With regard to the evil as it existed in New York, he estimated, from the Parisian statistics and those given by Sanger, that there were in New York today about eleven thousand women who were either public prostitutes or clandestine women. It was estimated that the number of persons in the city treated annually for venereal diseases, in both private and public practice, was about sixty thousand, of which number probably forty-five thousand suffered from syphilis in some of its manifestations. It was also an important fact to be borne in mind that it was not the women who had plied their vocation for

years who were most likely to communicate syphilis in its active forms, but rather the younger women, who had the beauty and attractions of youth, and were therefore patronized by the well-to-do classes. Syphilis, again, often existed without the knowledge of the patient, and was therefore more likely to be transferred than the other forms of venereal disease, which presented more acute symptoms, and forced themselves upon the recognition of the one affected.

Regulation had been attempted in different countries for many years. Napoleon the First subjected all public women to more or less strict police and sanitary supervision, for the purpose of controlling venereal disease in his army, and some form of regulation had existed in France almost or quite continuously since. England attempted to regulate the evil by passing the Contagious Diseases Act in 1866, and, although it met with considerable opposition, it had been shown that the disease had spread less since than it had done before its passage, particularly so among the public yards and the army, where control was had over both the men and the women. But it was a fact which should not be forgotten that where women were compelled to inscribe and submit to examination, the number of the clandestine class increased even beyond proportion. The author did not believe that public opinion in this country was prepared to accept any such legislation on the subject. There was a natural repugnance to recognizing the evil, to restricting the liberty of individuals from doing what they pleased with their own person, and, therefore, to making women undergo examination involuntarily. He thought that in this country the only hope of restricting the spread of venereal diseases at the present time would be limited to the lower classes of the population, who might, on entering a hospital for treatment, be compelled to remain there until they shall have passed the period of possibility of infecting others. Whatever was done should, at any rate, be done in a strictly business-like way, without allowing sentimentalism to enter into the question in the least degree. While he considered repression as an impossibility, he was of opinion that efforts at regulation rightly directed would prove efficacious and could be successfully carried out, and would prove of decided benefit in limiting the spread of syphilis and the other venereal diseases. Dr. Sturgis then read from the rules, approved at the International Statistical Congress, which met at St. Petersburg in 1872, for the prevention of the spread of venereal disease.

The President remarked that it had always seemed to him a great mistake, frequently made in legislation, of passing laws which were not sustained by public

opinion, or which were in advance of public opinion ; that the influence of such laws was injurious and demoralizing, leading to a contempt of and disregard for law. As there was also a legal aspect to the question under consideration, he had invited Judge John R. Brady, of the Supreme Court, to be present and to participate in the discussion.

Judge Brady said that since the act of Parliament, already referred to, was passed, many articles relating to the subject of the regulation of prostitution had been written, and there was one fact noticeable in each case, that the authors had come to no definite conclusion. He was of the impression that the suggestion made by Dr. Sturgis, of restraining all patients suffering from venereal disease within the hospital until the danger of contagion no longer existed, if carried out, would do much toward the protection of the public health in this regard. The judiciary of the country had always been arrayed against the recognition of prostitution in any form. Just here he would take issue with Dr. Sturgis, and say that a woman had not absolute control over her own person ; that if it could be shown that she had no other means of making a living she could be arrested as a vagrant and sent to prison. A great difficulty in the way of regulating the evil was met with in the fact that when driven from one street these women would migrate to another. This was particularly true of clandestine women, regarding whom it would be very difficult to enforce any legislative act successfully. Popular prejudice is so strongly arrayed against the recognition of prostitution in any form, that he doubted very much whether at the present time our legislators could be induced to interfere in the matter. Whatever should be done he believed must come through the influence of the medical profession. If we desired to accomplish the object in view, namely, the preservation of the public health with reference to prostitution, it was absolutely necessary that we should put our shoulders to the wheel, and ultimately our moral influence might prevail with the community, and lead them to favor such plans as might be suggested in the way of legislation.

The Secretary read a letter from Dr. Gihon, of the United States Navy, regretting his inability to be present at the meeting on account of severe sickness in his family, and also stating it as his belief that whatever good should come in the way of regulating prostitution and preventing the spread of venereal diseases must come through the labors and influence of the medical profession. He believed that when a physician was treating a young man for venereal disease, when he was about to become married, and who, contrary to advice, insisted upon con-

summing the nuptial tie, he should be privileged in the sight of the law to inform the young lady of the danger, and thus prevent the transmission of so serious an affection as syphilis and all its attending consequences.

Dr. L. Weber said that three methods had been resorted to in dealing with prostitution—viz., first, to do nothing ; second, repression, which had been attempted in Rome, Spain, Bavaria, and elsewhere, which in each instance, however, had been attended by disastrous results.; third, the policy of recognition and forcible regulation, which also, as had been proved by statistical evidence, had failed to accomplish the object that its originators and promoters had in view. From a moral point of view the subject could not be broached with any hope of good results. From an intellectual point of view several things might be done with advantage. In the first place, syphilis should be recognized by physicians as a disease like any other disease, and not be looked upon with an air of condemnation, as some were in the habit of looking upon it. Again, it ought perhaps to be treated with a little more energy than many practitioners were in the habit of treating it. Third, he believed it would be well to have greater hospital facilities for the accommodation of syphilitic patients than existed in this city at the present time.

Dr. R. W. Taylor thought that the spread of venereal diseases was to be prevented chiefly by properly educating the medical profession itself to their appreciation and to their proper treatment, and in manufacturing sentiment against it. So far as gonorrhœa and chancroid were concerned, legislation could never stamp them out ; they were even endemic in polite society.

The discussion was closed by Dr. Sturgis.—*Phil. Med. Times.*

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Regular Weekly Meeting, April 4th. DR. E. M. REID, President, in the Chair ; DR. W. N. HILL, Secretary. (Prepared for this Journal.)

Prof. O. S. Coskery reported two interesting cases of strangulated hernia, the first of which he operated upon under very unfavorable circumstances at night, with bad light and insufficient assistance ; found the sac and intestine tightly adherent, which he had to separate by tearing ; operation successful, and the patient was up in seven days, never having suffered the slightest pain. The second case had had taxis for over an hour, but seeing him at night, and the patient old and infirm, he decided to postpone the operation till the following morning, in the mean-

time using opiate injections, with the internal administration of $\frac{1}{4}$ gr. morphia, with constant application of ice to the hernia. The patient slept till 4 A.M., when he awoke in great agony, when morphia was again given, causing him to sleep till 8 $\frac{1}{2}$ o'clock, when he awoke, and, upon examination, the hernia was found to be entirely reduced. Dr. Coskery attributed the self-reduction to the use of the ice.

Dr. Hoffman reported a remarkable case of a man who had undergone a great variety of diseases during the past ten months. First he had a severe attack of albuminuria, beginning last June, which lasted ten weeks, terminating in perfect recovery. In December he was attacked with croupous pneumonia, which was soon cured. On the 14th day after dismissal from the physician's charge he was attacked with small-pox, which lasted two weeks. On the 3d day after his recovery from the last disease, he was again taken with pneumonia, which continued two weeks also. During his convalescence he was stricken with apoplexy, and remained unconscious for twenty-four hours, after which there was found entire paralysis of right side. On the twenty-fourth day of the continuance of the paralysis death ensued. The post-mortem examination revealed the existence of softening of the corpus striatum; the heart weighed 24 $\frac{1}{2}$ ounces, with fatty degeneration at right ventricle; liver enlarged; the right lung hepatized; alimentary canal congested; with kidneys nearly normal. The man was 25 years of age, and of temperate habits.

The regular paper for the evening was by Dr. J. H. Scarff, and was entitled, "Are Croup and Diphtheria Identical?" The doctor took a negative view of the question, arguing that there was a difference in the membranous exudation of the two diseases; that diphtheria was contagious, and croup non-contagious, that one had sequelæ, the other none; that the causation was different; and that manifestly different treatment was required in the two affections.

D. J. W. C. Cuddy spoke of the good results of mercurial treatment in the initiatory stage of the two diseases.

Dr. Reid said that he was not prepared to positively assert the identity of the two diseases, yet there were many circumstances which pointed in that direction.

Dr. C. F. Percival believed that a difference could be shown microscopically in the membrane, and that the bacilli were entirely different in the two diseases.

Drs. Evans, Norris, Cockey, and Pole did not believe in the identity of those maladies.

BALTIMORE MEDICAL AND SURGICAL SOCIETY. Regular Meeting, April 11th, 1883. DR. E. M. REID, President, in the Chair; DR. W. F. HILL, Secretary. (Prepared for this Journal.)

Dr. J. W. C. Cuddy read a volunteer paper on "The Relationship Existing between Physician and Druggist." The doctor took strenuous grounds against the action of druggists repeating prescriptions without an order from the physician, and of their giving copies to the patients. The paper was generally approved, and Dr. W. H. Norris suggested the calling of a general meeting of physicians, in order that they might suggest some remedy whereby this objectionable feature might be remedied. Prof. Coskery advised that it be brought before the State Medical Faculty. It was finally, by action of the society, referred to a special committee.

Dr. E. M. Reid exhibited a specimen of a fibroid polypus which he had removed from the uterus. He performed the operation through a small cylindrical speculum by means of a double armed pair of scissors which he had made, one of the arms being supplied with teeth in order to hold the removed body. The instrument was shown to the society.

Dr. Chambers exhibited pathological specimens taken from a man who came under his care only an hour before death, consequently he had no history. The case was evidently one of cellulitis. The specimens comprised the kidneys, ureters, bladder, and urethra. The kidneys were indurated with many openings, showing the breaking of abscesses at several points; the ureters enlarged to four times their natural size; the walls of the bladder thickened; and the urethra showing a stricture with several openings through the membrane into the body of the organ. Dr. Chambers was of the opinion that the condition was caused by a gonorrhœa resulting in stricture, by which means the urinary secretion was kept back, and cellulitis and pyæmia, the result. The kidney was different to anything he had ever seen, or that which is described in books, and he called it simply a mechanical kidney.

Dr. George F. Taylor preferred calling it a pathological kidney, the word mechanical not being definite enough.

Dr. Hill did not believe that a simple urethritis could produce such disastrous results, and thought if the history of the case was known that other opinions would be formed.

The regular paper for the evening was by Dr. J. N. Monmonier on Hernia. The doctor's paper was a complete and exhaustive dissertation on the different forms of hernia, with the latest and best methods of treatment. He advised early operations in

all cases where taxis failed to give immediate relief. In the manner of operations he said that it was unnecessary and useless to regard the separate coverings. After a division of the skin, he, with a bold cut made his way clear down to the imprisoned intestine, and released it at once. Ferguson advised the same method, and in the speaker's hands it had been extremely successful.

BALTIMORE MEDICAL AND SURGICAL SOCIETY. Regular meeting, April 18th, 1883. Dr. E. M. Reid, President, in the Chair. Dr. W. N. Hill, Secretary. (Prepared for this Journal.)

Dr. W. H. Norris reported a case of enlargement in left side of neck of a workman in a tin factory, having no previous history of tubercular trouble, having persistent vomiting with constipation. Death resulted in four weeks. Dr. Norris was of opinion that there was lead poisoning, but no opportunity for a post mortem being granted, he could not verify his opinion.

Dr. J. H. Scarff read a volunteer paper on the after-treatment of perineorrhaphy. The doctor advocated the use of laxatives instead of astringents, believing that far preferable to the method formerly employed. As a purgative he preferred the compound licorice powder to any other. He also advises the non-use of the catheter.

Dr. John Morris said he did not see the necessity of allowing a catheter to remain, as the urine, if healthy, would not be hurtful to the wound. He suggested the use of serraphines, and advised that physicians always carry them, as they are so very handy and serviceable even in simple lacerations.

Dr. W. N. Hill cited a case under his care of hæmaturia following coition. It has occurred at three different times within the past three months, being very excessive and continuing as long as seventy-two hours. The patient has never had any venereal trouble whatever. Upon examination the urine was found to be acid, and he was put upon liq. potassæ, which effectually overcame it. There was no history of any former trouble except in childhood there was occasional retention of urine. He was at a loss to understand the pathology of the case.

Dr. J. W. Chambers believed that there must be chronic urethritis, and that the ruptured arterioles was the result of tension following erection.

Dr. C. S. Parker led the regular discussion, the subject being, "The Physician, Druggist, and Legislation, with Special Reference to the Proper Status of the Physician." This paper, he said, was suggested by the one of the previous week by Dr. J. W. C.

Cuddy. He believed that all the evils of repetition, doubling, etc., of prescriptions, with the injuries often resulting therefrom, could only be remedied by legislative action.

Dr. E. M. Reid, in responding, among other arguments said: "Through the combined efforts of the mayor, health commissioner, medical profession, and some of the best lay citizens, Baltimore has just gotten rid of a scourge which marked its course, and destroyed its victims, irrespective of age, color, or sex. And now the time has come when a powerful force should be directed to overcome the evils set forth in the papers of Drs. Cuddy and Parker. Every physician knows the danger attending the indiscriminate repeating of prescriptions, and almost every one has individually condemned the practice. But individual efforts have thus far failed, and it now behooves all to unite that the work may be accomplished. There are but few medicines that can be taken an indefinite time without doing an infinite amount of harm, and the ignorance of this fact by the laity is the cause of so many repetitions of prescriptions, without the sanction of the physician. It is not only an evil leading to the destruction of the innocent and unwary, but a lever in the hands of the vicious, enabling them on one prescription to continue their drunkenness and debauch on the Sabbath, to the disgust of law-abiding citizens. I therefore believe that if the General Assembly would pass an act prohibiting the repetition of prescriptions, that it would be indorsed by every honorable physician and druggist, and that it would save many of the laity from an untimely grave.

AMNÆSIC APHASIA.—When Dr. A. D. Williams briefly described, Saturday night, at the meeting of the St. Louis Medical Society, a case of aphasia which had recently come under his observation, he excited a good deal of interest in his confrères, and it is now generally acknowledged that the case is one of the most remarkable ever put on record. One strange feature was that the doctor could not remember his patient's name, a fact all the more peculiar because it was singularly like his own. John McWilliams, a whitener and plasterer, living in the alley in the rear of No. 811 North Ninth Street, is the victim of the extraordinary attack. Dr. William B. Hazard, to whom the man was referred by the physicians of the Free Dispensary at Sixth and Biddle Streets, found it so interesting that he made a thorough study of it.

McWilliams came to the Free Dispensary Feb. 24th, to be treated for a supposed ailment of the eye. Three or four days before, during the very sleety

weather, he fell on the sidewalk at the mouth of the alley in which he lives, striking the whole of the right side of his body, and especially his head, at once. There were no symptoms to speak of at first, but he felt faint and weak. He went into the house and felt some trouble in his left side, the force of the fall having been transmitted and caused a *contra-coup*. Even now that side seems most affected. For two or three days he did not know that any ill result had followed, until he was doing a job of plastering on a porch, when he discovered that his sight was defective in some way. He wished to put a piece of plaster on a certain spot above his head, but could not succeed. He could see the plaster well enough and the spot of ceiling, but when it came to combine the two he failed, always striking some other spot. Returning home he further found that he could not call his wife and son by their Christian names. There was no paralysis, but a weakness of the right side of the body. He could generally say what he wanted if time were given him, and he understood everything that was said to him, and could repeat any word that was suggested. Another feature of his case was that, although he was a man of considerable education, he had forgotten how to write or to read either written or printed words. When he was sent to Dr. Hazard, that gentleman tested him by pointing to the word "surgery" in large capitals on a surgical journal. "Do you know what that is?" "Oh, yes." "Spell it then." "B-e—" "Oh, no! —s-u-r-g-e-r-y." "Why, yes, that's surgery." Then the doctor made him try again, but again he misnamed the letters. He did not seem to connect any meaning with the forms. Again he could not locate objects correctly with the eye. Were a chair pointed out to him he would recognize it immediately, but if started on a line toward it he could not swerve out of his course, but would infallibly walk into it. He could not lift his finger up and touch his eyeball; he would always strike to the right or the left of it, if he watched the finger. With his eyes closed, however, he could readily place his finger on them. At first he thought there was some trouble with the eyeball, and that was why he called upon Dr. Williams; but the orb was found perfectly natural. It was, however, deflected somewhat out, the nerve that holds the eye in place having been jarred by the shock.

The case, Dr. Hazard continued, was entirely one of amnæsic aphasia, defective speech from defective memory. There were two kinds of it. In one the centres concerned in hearing were affected; in the other, as McWilliams's, those concerned in sight were impaired. His was an extraordinary example

of word blindness. In ordinary ataxic aphasia the patient knows only a few words, and calls different things by the same name, but he is able to write and understand anything written or printed, and so convey his ideas. McWilliams was in a situation just the converse of this, and his intellect must be deeply affected.

In company with one of the doctors from the Free Dispensary a reporter visited McWilliams yesterday. Though 72 years of age the old gentleman has all the appearance of a man 21 years younger. When questioned on any subject he hesitated and was for a while at a loss for a reply. He thought for a while before he could say that his name was "John McWilliams, of course—yes, that's it." "When were you born?" Mrs. McWilliams interposed, "In 1811." "Yes, in 1811—yes, just so." "On what day?" "The 19th"—reflectively—"yes, the 19th day." "The 19th of what?" A pause, and then, "August, isn't that what you call it? Yes, August." But when asked to tell his wife's first name he was nonplussed. When she told him "Ellen" he repeated it, but a few moments after he had lost the memory of it, and then he was unable to say whether it might not be Mary, or Bridget, or some other. A spoon was held up before him, and he said he knew what it was, but he was unable to name it. He managed to write the first part of his name, McWill—, plainly, but the rest was a blur. He spoke apologetically for himself. He was nervous, he declared, and that was the truth, for his hand trembled violently all the time. Then, when people came in suddenly that way, he added, he could not talk readily. He was eager, though, to go to work, but the doctor was decidedly of the opinion that it would be unsafe for him. He is obliged to ascend ladders in his business, and at any moment he might forget where he was, or making a miscalculation, set his foot in the wrong place, and his life would pay the forfeit.

McWilliams was not willing to return to the Free Dispensary, because the doctor had spoken of putting in a seton in the back of his head to relieve the pressure. He may yet be obliged to go to the hospital, and at his time of life the chances for recovery are very doubtful.—*Ex.*

CHICAGO MEDICAL SOCIETY.—A good paper was read by Dr. Roswell Park, on the "Primary Occlusion and Antiseptic Treatment of Gun-shot Wounds." Dr. Park's paper dealt largely in promulgating the antiseptic treatment even on the battle-field. Here, he thought, salicylated cotton was the best dressing. Statistics showed that three to four times as many re-

cover by antiseptic treatment as by the old method. In forty-six cases of gun-shot wounds of joints, treated antiseptically, with drainage, but four died. In wounds of the shoulder and elbow joints, treated with antiseptics and with drainage, nearly all recovered. Every soldier should carry a pledget of medicated cotton for temporary use, especially to use in wounds where bullets remained in any of the structures of the body. The case of Garfield was alluded to. Dr. Park said it was eight hours before any antiseptics were used. In nineteen days pus was first discovered. In twenty-one days he had fever and more pus. In twenty-four days a chill followed. He thought that had the wound been closed, Garfield would yet be living. The Emperor of Prussia was shot, and a number of shot remained in his body, and Esmarch closed the wound without removing the shot. The emperor fully recovered.

Dr. Fenn argued that physicians meddle too much with wounds, and especially if the foreign body is received in the stomach. He recited cases where splinters were allowed to remain in the foot, and the patient got well. Dr. Hollister fully indorsed the statement that wounds were meddled with too much.

Dr. Lester Curtis gave a synopsis of a case where a piece of plate-glass had remained in the arm near the shoulder for two years, and cited also the following case: A lady, when a child of 10 or 12, stepped upon some glass, by which the sole of one of her feet was filled with the broken pieces, which were, however (as supposed at the time), all extracted. A few weeks since she began to have a soreness in the foot, which increased until it became necessary to consult Dr. S. R. Baker, who, upon pressing his finger upon a certain place, found a hard spot which was very sensible to the touch. An incision was made, and a piece of glass over an inch long and three quarters of an inch wide at the base, tapering to a sharp point, was snugly hidden under the bones of the instep, where it had probably lain for nearly fifty years.

Dr. Park closed the discussion by saying that he thought the practices obtaining in the German army should be adopted by the city authorities; every policeman should carry antiseptic cotton, and, in case of wounds or accidents, apply it.

ORIGINAL CORRESPONDENCE.

LODORE P. O., AMELIA, VA.,

April 16, 1883.

DR. E. S. GAILLARD—*My Dear Doctor:* I had occasion, a few days ago, to dilate the cervix uteri

in a case of abortion. I used for the purpose a condom drawn over a catheter, tied securely around the staff, and placed it in the vagina, pressed it in the cervix as far as possible; then distended the bag (condom) by forcing water through the catheter attached to a Davidson syringe. It answered the purpose. The catheter prevented the bag from being drawn out of the cervix when the part lying in the vagina is distended.

Will not such an apparatus as this answer in place of the various tents used, to dilate the cervix, using the stopcock to make the process as gradual as desirable?

. Very truly, etc.,

J. A. HILLSMAN.

MISCELLANEOUS.

A QUEER DOCTOR.—Dr. Martineau advises the prophylaxis of syphilis, by bathing the organ before and after coitus in weak alcohol, or a solution of chloral, or eucalyptus, or diluted Labarraque's solution.

FISSURED NIPPLES.—SOL. GUTTA-PERCHA.—Monti recommends that the nipples should be anointed with a (freshly-made) solution of gutta-percha in chloroform, just enough of the latter being added to make the solution fluid. As it dries it forms a protecting pellicle, which does not come off even after suckling.—*Le Practicien*.—*Pittsburg Med. Jour.*, Sept.

UNCERTAINTY OF CATGUT LIGATURES.—In a case of Cæsarian section performed by Prof. Spaeth, of Vienna, he sewed up the uterine wound with catgut ligatures—Lister's antiseptic chromic acid ligature. The patient died forty-eight hours after the operation, from peritonitis. At the autopsy the catgut sutures in the uterus were found untied and straightened out, and the wound opened and discharging lochia into the abdominal cavity.—*Canada Lancet*, Oct.

LITHOLAPAXY IN WOMEN.—Dr. Casswell, in the *Medical News*, reports a case of the above, the ease and success of which recommends it to the profession. Under ether, the urethra was dilated with conical steel sounds up to twenty-nine. Then a fenestrated lithotrite was introduced, the calculus broken up and evacuated through a No. 28 straight tube. The doctor highly recommends the operation as not subject to any secondary effects as in other methods.—*Chicago Med. Rev.*, Oct. 1.

A DEATH FROM THE DICHLORIDE OF ETHIDENE occurred at the Liverpool Eye and Ear Infirmary (*London Lancet*). Mr. Edgar Browne was making an attempt to remove a piece of steel from the crystalline lens, and had made the corneal section, when the pulse failed and the patient became very pale; all efforts at resuscitation were unavailing. The amount of ethidene used was between three and four drachms. The cause of death was given as heart syncope.

HYDRASTIS IN GONORRHŒA.—Dr. A. W. Bixbey reports several cases of gonorrhœa, in the *American Medical Journal*, April, treated chiefly by hydrastis. This is not by any means a new remedy, but it is not in general use, and one reason we suspect is that it has been too frequently misapplied. One of the injections suggested is:

R. Hydrastiæ sulphatis, gr. x.; glycerinæ, $\bar{z}$ i.; aquæ destillat, $\bar{z}$ iij. M. Use by injection every three hours.

LEPROSY IN THE ANTILLES AND THE LEVANT.—Leprosy is a disease whose nature and mode of causation are still imperfectly understood, but which appears to proceed from an alteration in the nervous system giving rise to corresponding changes in the constitution of the blood.

TREATMENT OF SYCOSIS.

R. Kreasoti..... ℥ xx. to xxx.
Zinci oxid..... $\bar{z}$ iss.
Ungt. simp..... $\bar{z}$ i. M.

Apply night and morning.—BOUCHUT.

SPREAD OF INFECTION BY PAWNBROKERS.—At the present time, when several zymotic diseases are epidemic in some parts of London, and in certain urban districts throughout the country, it may be useful to draw attention to a source of propagation of infection among the poor, which sanitary authorities appear seldom to consider, or often to overlook. We refer to the spread of contagion through the medium of clothes deposited in pawnbrokers' shops. The persistency with which the contagium of certain zymotics, and especially of measles, scarlatina, and small-pox, clings to clothes is well recognized by the medical profession. Not a few cases have been recorded of the propagation of these diseases by means of the retention of infecting power in clothes, which had been shut up in boxes for months after exposure to the original infection.

SLATES BAD FOR THE EYES.—Professor H. Cohn, of Breslau, believes that the use of slates by school-children tends to produce short-sightedness, and would substitute either pen and ink or an artificial

white slate with black pencil, manufactured in Pilsen, and already introduced into a few German schools. In 1878 Horner found (*Vierteljahrschrift öffentl. Gesundheitspflege*, x., 4) that B and E could be read, if black on white ground, 496 cm.; if white on black, 421 cm.; and if gray on black, 330 cm.; and ascribed the greater difficulty with white letters to irradiation. The reflection of light from the surface of slates is, it is said, enough alone to cause their disuse. The school board of Zurich has forbidden the use of the slate after the first term (primary year), and many teachers and oculists advocate the substitution of white-boards for blackboards. The noise of slates, dirty habits formed by erasures, bad positions favored by reading the less legible script, a heavy hand, and the habit of twisting, learned with a pencil, and to be unlearned with a pen—these, it is said, are obviated by the use of pen and ink at the outset. The obvious objections are, that children can occupy themselves better with slates, and from pencil to pen is from the easier to the harder.

MEDICAL NEWS.

OBITUARY RECORD.—M. Bischoff, Professor in the University of Munich, well known by his many valuable works on embryology, has recently died, at the mature age of 75 years.

DEATH OF PROFESSOR VON BRUNS.—This distinguished German surgeon, Director of the Department of Clinical Surgery at the University of Tübingen, has recently died at that town. He was a native of Brunswick, where he was born in 1812. He is chiefly known to the profession for the prominent part he has played in connection with the surgery of diseases of the larynx and the use of the laryngoscope.

HEALTH MEASURES IN NEW ORLEANS.—New Orleans, April 19th. The Board of Health to-night passed resolutions unanimously requesting the President to place the Congressional appropriation for the suppression of epidemic contagious diseases, in case it should be required, in the hands of the Marine Hospital Service of the Treasury Department. The Boards of Health of all the Gulf ports will adopt the same course, and the National Board of Health will not have a foothold at any trade point in the Gulf of Mexico.

SCIENTIFIC men of all nations are invited to compete for the Volta prize—30,000f. or \$6000—of the Academy of Sciences, Paris, which will be awarded in December, 1887. This prize was founded

by the decree of June 11th, 1882, and is for the discovery or invention of whatever shall render electricity applicable economically to one of the following objects: Heat, light, chemical action, mechanical force, the transmission of messages, or the treatment of sick persons. No attention will be paid to what may be sent in by candidates later than June 30th, 1887.

DR. STOW, a member of the General Court of Massachusetts, astonished his fellow-legislators by asserting upon the floor of the House that "small-pox is the salvation of the country," and not only its salvation, but "a judgment sent by the Almighty upon land monopoly, money monopoly, and transportation monopoly."

DR. EDWARD BETMAN TURNIPSEED died at Columbia, S. C., April 19th. He studied in Paris, was a surgeon in the Russian Army during the Crimean War, and was knighted and decorated by the Czar. He was the inventor of many surgical instruments now in use, and was a contributor to medical journals in America and Europe. His age was fifty-two.

RESIGNATION OF PROFESSOR DETMOLD.—At the close of a recent clinic of his regular Wednesday course at the College of Physicians and Surgeons, Professor William Detmold announced to the class that he had now relinquished his position at the college. He is reported to have used these words: "When in my younger days I began the practice of medicine, in Northern Germany, the fee allowed us by law for a visit was eighteen cents. Many were unable to pay so much. On my entering upon practice in New York, now over forty years since, I was called upon by many poor persons for treatment—persons who were unable to pay. I allotted a certain hour in each week for their special treatment. The number of such patients became very great. Students from every quarter of the city visited my office at these private clinics. For five years I continued in this way, at the end of which time a committee from this college waited upon me and requested me to transfer my clinic to this school, to which proposition I assented. That was the origin of this clinic, which has now been held for so many years. Now I am going to quit." The clinic will be continued by Dr. Robert F. Weir. —*N. Y. Med. Journal*.

THE EFFECT OF A FULL BEARD.—An undertaker of Philadelphia advertised for a full-bearded man of middle age and of good address, and explained that

he wanted him to visit families which death had entered, to take instructions regarding the funeral, etc.,—that there is something about a full-bearded man that inspires respect and confidence.

DR. DAVID CUMMINS, a prominent surgeon of Louisville, Ky., died April 14th, 1883. The physicians of the city held a large memorial meeting, delivered addresses of eulogy, and passed appropriate resolutions.

PROFESSIONAL DISGRACE.—Dr. E. L. R. Thomson, charged with abortion on the person of Mary Canavan, was expelled April 16th, from the New Haven Medical Association. How could such a man have gained admission into such a body?

THE PAUPER DEAD OF CHICAGO.—*Chicago, April 16.*—Various journals here are discussing the methods employed in burying the pauper dead, and the Warden of the County Hospital says that one Chaffee, the county undertaker, sells 75 per cent of the bodies to medical colleges in this and other cities, and that his revenue from this source has exceeded \$6000 annually.

DR. WILLIAM FARR.—Dr. William Farr, F.R.S., D.C.L., England, Superintendent of the Statistical Department of the Registrar-General's Office, Somerset House, which he organized in 1838, died April 16th. He was born at Kenley, Shropshire, in 1807, and received his medical education in the universities of Paris and London. He was for a time editor of the *Medical Annual* and *British Annals of Medicine*, and was a frequent and learned contributor to medical literature. He assisted in taking the census of 1851, 1861, and 1871, in Great Britain, and wrote a considerable portion of the reports of the first two years named. He wrote the annual official reports on the public health, and among his best known works were "The Finance of Life Assurance," "English Life Tables, with Values of Annuities and Premiums for Single and Joint Lives," a new "Statistical Nosology," and a report on the "Cholera Epidemic of 1849." He was chosen a corresponding member of the French Institute in May, 1872.

TYPHUS FEVER IN A CHILDREN'S HOME.—Dr. Day, the City Sanitary Superintendent, stated recently that 15 cases of typhus fever in a very mild form had been discovered among the children in St. Stephen's Home, in East Twenty-eighth Street, near Third Avenue, which is under the charge of Sisters of Charity. It was believed that the children were

ill of scarlet fever, and all proper precautions were taken. Dr. Chapin, the resident physician at Riverside Hospital, to which the little patients were sent, decided that they were all suffering from typhus fever in a mild form—so mild, in fact, as not to be as dangerous as scarlet fever. The sanitary condition of the Home is pronounced satisfactory, but sanitary precautions, such as fumigation and disinfection, have been taken, and an investigation to discover the source of the disease is in progress.

THE NEW YORK PHYSICIANS' MUTUAL AID ASSOCIATION.—The fourteenth annual report of this association shows a continued prosperity. The additions to the membership in the past year have been twenty-six, the deaths ten. The association has been able to give \$425 to the families of deceased members. In future it will be able to do more, for its permanent fund now amounts to over ten thousand dollars, and the interest upon it will hereafter be used.

DR. BRAXTON HICKS, F.R.S., has, by efflux of time, retired from the post of Obstetric Physician to Guy's Hospital, which he has held for many years with so much distinction and popularity. He is succeeded by Dr. Galabin, the Assistant Obstetric Physician to the hospital, whose place has been filled by the election of Dr. Peter Horrocks, M.D., London, gold medallist in medicine and the honor class in obstetrics in 1877.

A PARTY engaged in making surveys and archaeological investigations in North Carolina, under the direction of the Bureau of Ethnology, has just discovered near Mount Pisgah, in that State, two prehistoric aboriginal mounds containing an unusually rich and valuable collection of polished stone axes, celts, and other Indian implements. The mounds had apparently served as burial-places, and also contained remains of human bodies. The collection of implements, which constitute one of the richest and most valuable "finds" recently made in the Eastern States, will be brought to Washington and added to the collections in the National Museum.

MEDICAL DIRECTOR J. C. PALMER.—Medical Director James C. Palmer, on the retired list of the Navy, died in Washington, April 24th. He had seen 38 years of active duty in the Navy, and had sailed all over the globe. He was a native of Maryland, and received his appointment from that State on March 26th, 1834, entering the service as an Assistant Surgeon. He was attached soon after to the frigate *Brandywine* of the Pacific squadron. In 1836 he made the trip around the world in the

schooner *Vincennes*, and afterward was connected with an exploring expedition from 1838 to 1842. He received his commission as Surgeon in October, 1841, and served in the Home and Pacific squadrons until 1856. He was then ordered to the frigate *Niagara*, accompanying that ship in the cable expedition of 1857. After a short service at the Naval Academy at Annapolis he was made Fleet Surgeon of the West Gulf squadron during the earlier part of the war, with his head-quarters on the flag-ship *Hartford*, and was present at the battle of Mobile Bay, Aug. 5th, 1864. In 1866 he was ordered to the Naval Hospital in this city, and from thence was delegated to special duty at Newport, until 1872, when he received the appointment of Chief of the Bureau of Medicine and Surgery. This office he filled for a year, and retired from active duty in 1873.

THE COUNTY MEDICAL SOCIETY.—Nearly every seat in the large lecture hall of the College of Physicians and Surgeons was filled April 24th at the monthly meeting of the County Medical Society. The unusually large attendance was due to the general expectation among the doctors that the "old code" and "new code" controversy would in some manner come up for discussion. Both the advocates of and the opponents of the amended code of medical ethics were well represented, but as neither party cared to begin the discussion, nothing was said on the subject. The audience listened to an interesting paper on "Boiler-Makers' Deafness" by Dr. D. B. St. John Roosa. The essayist cited various cases where persons could hear distinctly ordinary conversation amid the din of a busy boiler-maker's shop, while they could not even hear loud talking in a comparatively quiet room. He thought that "boiler-makers' deafness" was caused by an incurable disease of the middle ear, and advanced the theory that the common tuning-fork was the best means of diagnosing diseases differentially between the internal and middle ears. Dr. Andrews, in criticising the paper, said that, as there had been no post-mortems of boiler-makers, it could not be known positively whether or not "boiler-makers' deafness" was a disease of the middle ears. Dr. Roosa replied that when he "got a chance at a dead boiler-maker" he would settle the question. The society by a unanimous vote protested against the incorporation by the State Senate of the United States Medical College on the grounds that it was "disreputable and illegal." Dr. Piffard announced that there were four cases of leprosy in one of the wards of the Charity Hospital, and invited as many of the doctors as desired to visit the hospital with him and examine the cases.

EDITORIAL.

THE MEDICAL RECORD AND THE NEW YORK CODE.—*The Medical Record*, in its issue of April 14th, claims that there has been a wonderful change in the medical press, in regard to the new code of New York; that while formerly only itself and the *N. Y. Medical Journal* sustained it, now there are seven journals which give it support. It claims that in this list there are the following journals: *The Medical Age*, *Weekly Review*, *Buffalo Med. Journal*, *Ind. Med. Monthly*, and *Medical Annals*. This is an error. These journals cannot be claimed as the supporters of the New York code. They have deprecated personalities, advised moderation, etc., but with one or two exceptions the journals claimed are not supporters of this code. But even if they were, two of the five claimed are New York State journals, having but little more than a local support and a very small circulation. The *Record* especially selects the *Medical Age* as one of these able supporters; the accuracy of this claim may be appreciated at its true value, when the *Age* uses the following language; page 106, current volume:

"One of the most remarkable instances of the tail wagging the dog is the manner in which the medical profession of New York is being manipulated by the specialists! Truly the muscularity of the caudal attachment of the profession of the Empire State is unique."

If this is support, the meaning of that word is singularly misunderstood by accurate English scholars!

There are four medical journals in seventy-five which sustain the New York code; these four are all in New York State, and as one of these is chiefly the mere record of society transactions, there are only three journals which now support this code. That is to say, the *Record* and the *N. Y. Medical Journal* have, in one year, jointly made one convert; the half of one convert being allotted to each. A great reformation truly!

ANTE-MORTEM PROBATION OF WILLS.—An attempt has been made by one of the Western States to give a man some power over his property, by a law providing that he may finally prove his will *before* death while he is in good health. Under this law he can deposit his will with a Surrogate or Judge of Probate, at the same time giving notice to all possible heirs and urging them to make at once their allegations as to unsoundness of mind or undue influence while he can answer them, or to forever hold their peace. This seems to be a very neat way of

avoiding will contests and checkmating avaricious relatives. If they do not come forward and file their charges, in answer to the notice, they cannot attack the will after its maker is dead and gone. Nor will they hastily accept his challenge, for they do not know what disposition he has made of his property. The will may be in their favor, so that an attack upon its maker might induce him to change it and cut them off with a shilling. If they do not respond to his formal notice the will is proved and pigeon-holed, to be taken out and duly administered after his death. The conception of this plan was a stroke of genius, but one could hardly expect that a law of this kind would be enacted by a Legislature controlled by lawyers, and it would bankrupt a certain class of physicians.

THE GUTEAU TRIAL.—The report of this trial has just been published. It is in book-form, each volume being handsomely bound. The edition was only 400; the expense being paid by the Judiciary Department ordering the work done. Congress, with its customary stupidity in regard to all professional subjects, refused to have the report published. As the result very few can obtain copies; not even the Public Libraries. The edition will be given away to friends. The work already commands a price of \$50 dollars per copy, and very few copies can be had even at that price. The speeches of Congressmen, Agricultural and Patent-Office reports are published by Congress so voluminously, that the water-closets cannot consume the supply; but a record of an historic trial Congress refuses to publish! The average Congressman! who can measure or describe him, or estimate his stupidity?

VIVE LA BAGATELLE.—Dr. Nichols, of the Society for First Aid to the Injured, lectured April 20th before the off platoons of the First and Fourth Precincts at Police Headquarters. The lecture consisted of instructions for the treatment of persons suffering from shock, apoplexy, inebriety, epilepsy, fainting, sun-stroke, and poisoning. And there is not one, unless a physician, who can tell the coma of one from the coma of any other. What, then, of the proper treatment? When will this absurdity, originated by Prof. Esmarch, cease? To give these lectures gratuitously is bad enough; it is an expensive waste of time to all concerned; but to give them for money is such loss and such folly, that it is a marvel the absurdity is not apparent to all.

THE FOOLS NOT ALL DEAD.—*Atlanta, Ga., April 20.*—Dr. J. A. Malone, of Talbotton, Ga., was

bitten by a mad dog in the thumb last Tuesday, and left home yesterday on his way to Waterford, Miss., to try the virtues of a mad or porous stone at that place. The cause of his journey being known, large crowds assembled at the stations along the way to see him. He passed through Montgomery to-night.

SOCIETY OF MEDICAL JURISPRUDENCE AND STATE MEDICINE.—Prof. Stephen Smith, M.D., State Commissioner of Lunacy, addressed the Society of Medical Jurisprudence and State Medicine, on "The Lunacy Laws of the State of New York in their Relation to the Commitment and Discharge of Patients," at the Academy of Medicine, April 20th. His paper embraced a concise history of lunacy legislation in England and in this State, with a comparative statement of the laws regarding the treatment of the insane, there and here. The character and practical operation of the New York State lunacy laws were explained and commented upon. The speaker believed in the policy which now prevailed of treating insane persons as invalids and not criminals. Insanity, he said, was a disease in whatever form it appeared, and was, therefore, susceptible of cure. The State Insane Asylums were judicial hospitals. Professor Smith said that although the existing lunacy laws in this State needed codifying and amending, they were among the best on the statute-books. He favored an amendment which would allow the superintendents of insane asylums to grant furloughs to their patients whenever they thought proper to do so. He did not believe in adding to the formalities now necessary to commit persons to an insane asylum. "Instead of hedging the entrances to the insane asylums with greater obstacles," he said, "it would be better to open wider the doors both for the admission and discharge of patients." The paper was discussed and commended by Dr. Nichols, of Bloomingdale; Dr. Franklin, of Blackwell's Island; Dr. MacDonald, of Ward's Island; Dr. David Rogers, of the Queen's County Insane Asylum; Dr. Kendall, of the Willard Asylum; Dr. Spitzka, and others. Drs. Franklin and MacDonald argued that public sensitiveness and suspicion with reference to the incarceration and restraint of insane persons were generally excited without good reason. The insane asylums in the vicinity of this city were conducted with the utmost consideration for the welfare and comfort of the patients. Dr. Franklin remarked that under the present law it was much more difficult to get a patient into an institution for the insane than to get him out. He thought the mixture of the judicial

and medical elements in the making of commitments for insane patients was incongruous. The idea of having a judge approve the certificate of medical men had evidently been incorporated in the law as a sop to the public mind, and as such a sop it seemed to be unsatisfactory. Dr. Nichols did not believe in allowing anybody to assist in committing persons to insane asylums except men who were competent to judge as to a person's sanity.

ABSINTHE NEUROSES.—The *British Medical Journal* says concerning absinthe :

"The consumption of this seductive, health-destroying liquor appears to be on the increase, and it is now, according to Mr. Winter Blyth, sold in a large number of places in Marylebone, for which parish he is the public analyst and medical officer of health. It seemed to him, therefore, a right and proper thing to chemically examine samples of this liquid, which was done. Absinthe is a yellowish-green liquor, which contains, as a peculiar ingredient, a poisonous oil having a deleterious effect on the nervous system; the oil is called wormwood-oil, and is produced in nature by the *Artemisia absinthium*. Other flavoring oils are always added, such as peppermint, angelica, cloves, cinnamon, and aniseed. The color is produced by the juice of nettles, spinach, or parsley; or, in other words, is due to the common green 'chlorophyll' found in all green plants. Most samples of absinthe contain sugar. The average composition of absinthe is as follows: Absolute alcohol in 100 parts, 50.00; oil of wormwood, .33; other essential oils, 2.52; sugar, 1.50; chlorophyll, trace; water, 45.65. Alcohol causes drunken sleep; alcohol and absinthe combined produce convulsions. The poor wretches given up to absinthe-drinking suffer from a peculiar train of nervous symptoms, the most prominent of which is epilepsy of a remarkably severe character, terminating in softening of the brain and death. The last moments of the absinthe-drinker are often truly horrible. M. Voisin records a case in which a man was picked up in the public street in an epileptic fit. He was known to be a large consumer of absinthe. The convulsions lasted until death—four days and four nights. During the last five or six hours of life the skin of the face became almost black." While there is but little doubt that absinthe does cause certain neuroses, the statements made are much exaggerated. Epilepsy from any cause will sometimes last as long or longer, and the peculiar suffusion of the face is common to all forms of epilepsy. These statements, like other opinions of the *British Medical Journal* on nervous diseases, partake rather of the sensational than the scientific.

THE MEDICAL CODE.—A number of physicians in favor of the present code, which allows consultations between allopathic (?) and homœopathic physicians, was held April 20th, at Dr. Abraham Jacobi's house, No. 40 West Thirty-fourth Street. Dr. S. O. Vanderpoel, of Albany, presided, and Dr. F. R. Sturgis was secretary. Among the physicians present were: Dr. A. L. Loomis, Dr. Fordyce Barker, Dr. John C. Peters, Dr. C. R. Agnew, Dr. D. B. St. J. Roosa, Dr. J. L. Little, Dr. H. G. Piffard, and Dr. Wm. H. Draper.

The report of an executive committee appointed at a recent meeting was discussed from 8 P.M. until nearly midnight, and with enthusiasm and clapping of hands. After it had been amended in several minor details it was unanimously adopted. The paper declares that the code of ethics of the American Medical Association which is now in force is identical with that of the Medical Society of the State of New York, as the latter was established in February, 1882, and a strong effort is now being made, even by coercive measures, to secure such a representation to the State Medical Society at its meeting in 1884 as will undo the work of last year.

"It appears to us," the report continues, "particularly important to the individual members of the medical profession to have perfect liberty to decide, each for himself, with whom he shall consult in order to secure the best interests of his patient. Arbitrary rules signally failed to secure the object in view, viz., to defeat the efforts of irregular practitioners to gain influence in the community. These arbitrary rules have not commanded the respect of men in other professions. They have been regarded as belonging in the same category as those by which trades-unions have infringed on the individual rights of their members, subjecting those who resisted the arbitrary action of the majority to the greatest indignities, pecuniary losses, and even personal sufferings and dangers. We call on members of the medical profession to assist in freeing the profession from this stigma, and in giving perfect liberty to members to practise their art in accordance with the dictates of their own consciences and with the enlightened opinion of men who are engaged in other pursuits."

NEW BOOKS.—The following new books are on the table and await notice:

Alcohol Inebriety (Parrish), P. Blakiston, Son & Co. Diseases of Ovaries (Samson Tait), Wm. Wood & Co. United States Dispensatory (Wood, Remington, and Sadtler), Lippincott & Co. Untoward Effects of Drugs (Lewin), Geo. S. Davis.

Manual of Gynæcology (Hart and Barbour), Wm. Wood & Co. Examination of Medicinal Chemicals (Hoffman and Lawler), H. C. Lea's Son & Co. Manual of Auscultation (Austin Flint), H. C. Lea's Son & Co. Therapeutic Hand-Book of the United States Pharmacopœia (Edes), Wm. Wood & Co. Labor among Primitive Peoples and Races (Engelmann), J. H. Chambers & Co., St. Louis, Mo. Diseases of the Eye (Nettleship), H. C. Lea's Son & Co. The Diseases of Women (Fritsch), Wm. Wood & Co. An Index of the Practice of Medicine (W. M. Carpenter), Wm. Wood & Co. Medical and Surgical History of the War of the "Rebellion" (from Surg.-Gen. U. S. A.). Best Methods of Treating Wounds (Marcy), Lambert & Co. Otitis Media Purulenta (Reynolds), Ibid. Orthopedic Surgery and Diseases of the Joints (L. A. Sayre), D. Appleton & Co. Reproductive Organs (Acton), P. Blakiston, Son & Co. Diseases of the Skin (Hyde), H. C. Lea's Son & Co. Hermann's Experimental Pharmacology (Smith), H. C. Lea's Son & Co. Nerve Prostration and Hysteria (Playfair), H. C. Lea's Son & Co. Hygienic and Sanitive Measures (Rumbold). Pocket Dose Book (Stewart), Geo. D. Stewart & Co. New York Code of Ethics. Fourteenth Annual Report Physicians' Mutual Aid Ass'n, N. Y. Transactions of Ga. State Med. Ass'n. Annual Report Ill. East. Hosp. for Insane. Addresses by L. C. Lave and E. R. Taylor. Announcement Cooper Medical College. Proposed Ordinance for Regulating Plumbing, P. Blakiston, Son & Co. Civilization not Cause of Tooth Decay. Divers college catalogues, medical, law and literary.

THE NEW POSTAL LAW will go into effect whenever the Postmaster-General sees fit to say so, within six months from March 3d. The new postal notes will be liked, since sums *under five dollars can be obtained at a charge of three cents*, and without a written application.

The subscribers to this JOURNAL can therefore forward \$4.99 as their subscription in full, as this will save them eight cents each, and it will be a great convenience to be saved the trouble and cost of a written application.

TO PHYSICIANS.—A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient.—EDITOR.

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ORIGINAL ABSTRACTS.

CHRONIC UTERINE INVERSION.—Dr. Palmer (*Cincinnati Lancet and Clinic*, March 31st, 1883) comes to the following conclusions in regard to the treatment of chronic inversions of the uterus. First, all cases, certainly with but very few exceptions, of chronic inversion of the uterus are reducible. The duration is no special impediment, and there is scarcely any co-existing complication which may render reduction insurmountable. Second, preparatory treatment is needed in most cases; certainly in all, if of any duration. It can do no harm in any. It may, aided by the gentlest means of gradual reduction, be all sufficient. If unsuccessful in any, it prepares the way for more forcible taxis, rendering it easier, shorter, and safer. Third, there is no one method of taxis equally well adapted to all cases. Fourth, time is rarely an element of any importance. The best results are obtained by the more gentle though more slow means and methods.

NEUTRAL TANNATE OF QUININE.—For this really desirable compound, Julius Fiebert, of Dukla, publishes a formula (*Zeitschr. Oestr. Apoth. Ver.*) which he avers furnishes a product actually tasteless and odorless, and nearly devoid of color—conditions not as yet attained by any of the various methods in vogue. In his article Fiebert refers to a very fine tasteless tannate of Rozsnyay, unknown in this country, but since his working formula has been kept secret, a writer in the *Druggist* applied himself to elaborate a process, with apparently satisfactory results. Take of quinia sulphate, 20 parts; dilute sulphuric acid, 20 parts; sodium carbonate, cryst., 40 parts; alcohol (96 per cent), 200 parts; tannic acid, 60 parts; distilled water, enough. Mix the quinine with four times its weight of water and add the sulphuric acid or sufficient to effect solution,

when dilute with more water to the weight of 1000 parts; filter. Dissolve the soda in four times its weight of water, filter, and pour into the previous solution, stirring briskly. Collect the resulting quinia hydrate on a filter, wash with cold water, allow to drain and, while still moist, dissolve in the alcohol. Meanwhile dissolve the tannic acid in 1000 parts of water without heat and filter, and to this liquid add the alcoholic solution of quinia, drop by drop, stirring all the while. Allow the mixture to stand for several hours, stirring occasionally, then, after a few more hours of complete rest, collect the copious white precipitate on a paper filter previously moistened, and continue to wash the magma, using a wash-bottle and water of 30° C., until the filtrate ceases to possess an astringent taste. Now place the filter with its contents on bibulous paper laid on a hair sieve, allowing it to dry at a temperature not exceeding 30° C. The yield is about 60 or 65 parts. All implements of metal must be scrupulously avoided, lest the resulting tannate become discolored.

LAPPA MINOR IN PSORIASIS.—Dr. W. C. Reiter (*Squibb's Ephemeris*) claims that the use of a tincture of burdock seed has had excellent results in the treatment of psoriasis. The tincture is made from one part of burdock seed ground fine and macerated with 8 parts of diluted alcohol. The dose is a teaspoonful.

HYPEREMESIS AS A REASON FOR ABORTION.—Dr. C. Braun (*Medical Record*) does not believe that hyperemesis is a reason for producing artificial abortion. He has never seen a case of death from vomiting, and believes that it can be kept within safe limits by proper means. In a case reported he afforded relief by the application to the cervix uteri of a ten per cent solution of nitrate of silver. In France, where the operation is frequently done for this purpose, the

vomiting is relieved by the abortion in only about forty per cent of the cases, while ten per cent of the cases are fatal.

A NEW CHALYBEATE PREPARATION.—Pavesi (*Druggist*) gives the following formula for an iodoferrated syrup of coffee, which is especially adapted, from its agreeable flavor, for use in cases of scrofula occurring in children : R Syr. ferri. iod., syr. coffee, āā partes æquales. The dose is one third that of syr. ferri. iod.

NEW PARASITE OF PORK.—At the last meeting of the Linnæan Society, London, England, Dr. Cobbold described a worm, which he called *Simondsia paradoxa*. It is a nematode, the male living free in the stomach of the hog, while the female is lodged in cysts within the walls of the stomach. Although discovered thirty years ago by Professor Simonds, the worm has never been properly examined. The strange thing is that the female carries outside its body a large, rosette-shaped organ. This Dr. Cobbold regards as the uterus.

CONSTANT NON-INTOXICATING IMBIBITION OF ALCOHOL AND ITS RESULTS.—That a man does not become intoxicated, does not certainly show that he is not drinking too much. *Chambers' Journal* says, *apropos* of this, that "men employed in the great breweries in London, especially the draymen, consume an enormous quantity of beer. The daily allowance which their employers give them is a very large one, but they rarely confine themselves to that ; and the draymen, in addition, get much gratuitously from the customers to whom they are always delivering the casks, so that 10 or 14 quarts is no exceptional consumption for one man ; yet they are not drunkards, in the ordinary sense of the term. The very nature of their work necessitates the employment of none but steady men, strength being also a *sine qua non*. But if one of these men should break a limb, or get confined to bed from any other accident, he is almost sure to get delirium tremens, and a scalp wound frequently kills him. Brewers' men are notorious in hospitals as being the worst cases for operation, being prone to exhibit all the most dangerous complications which fetter the success of surgical treatment."

GENITAL IRRITATION.—It is believed by very many that many forms of reflex paralysis are due to genital irritation. But whatever each one may believe, the following conclusions of Dr. Carter Gray, as given in the *Annals of Anatomy and Surgery*, will be read with interest. He believes :

1. That there is no proof that genital irritation can produce a reflex paralysis.

2. That while it is probable that slight nervous disorders, as incontinence, retention, difficult micturition, erratic movements, and slight nervous disturbances, can be produced by genital irritation, the proof is not yet complete.

3. That operation for the removal of genital irritation may be beneficial even in organic nervous disease.

4. That we should, therefore, remove such genital irritation, if it exists in any case whatsoever, and thus give our patients the benefit of the doubt.

5. That in all cases of nervous disorders, with accompanying genital irritation, we should not regard the latter as the cause of the former until all other probable or even possible causes have been rigidly excluded.

6. That operations upon the genitals, even if there be no genital irritation, may prove to be a useful therapeutic measure.

ORIGINAL ARTICLES.

ON THE ETIOLOGY OF INTERMITTENTS AND ALLIED DISEASES. By RUFUS W. GRISWOLD, M.D., Rocky Hill, Conn.

The generally diffused prevalence of intermittent, remittent, and typho-malarial fevers, and other more obscure forms of cognate diseases, over a good portion of western and southern Connecticut, and their gradual but certain advance eastward toward Rhode Island, and northward into western Massachusetts, in the last few years, and through regions for several generations mostly free from those diseases, except in occasional imported cases, attracts the attention of physicians generally, not only to the trouble itself, as something they are called upon to wrestle with in the way of treatment, but also toward the causes of it all, as something possible to remove from the afflicted regions. The removal of the causes, if that be practicable, is perhaps of not less account than the treatment of the cases coming out of them ; it is perhaps more. Obviously it is better to escape having a fractured leg, if possible, than to risk the fracture in order to have it judiciously splinted and bandaged. Just as obviously it is better to remain unacquainted with ague and fever, than be cured of it after making the acquaintance. And if the causes can be removed, there are very few people so obstinately stupid as not to be ready and anxious to have it done.

In proceeding to do this, the necessarily first step is to determine what the causes are ; if a one specific cause, what that cause is. There is very little good in beating about after factors which have no real relation to the trouble, or in expending effort in the elimination of supposed potencies that have no connection with it except as mere coincidences in time and place. Before beginning to clear away, two things to know are of prime account : 1st, what is the essential essence that causes what we call the miasmatic diseases, of which ague-and-fever is the most pronounced and prominent representative ? 2d. in what way is this essential essence produced ? When we have definitely and understandingly answered these questions, we may be ready to lay hold upon and put away from us the source of the affliction ; until we can answer them, our labors are expended in the pursuit of some imaginary influence that recedes as fast as we approach it.

In the consideration of this matter, one of the first points that invite our attention is the variety of theories thrust forward to account for the prevalence of malarial complaints. The very fact of this variety is good evidence that we do not understand what the cause is ; if there were anything really reliable upon which to base our views, there would remain no further use for theoretical speculation ; a fact established banishes questions and doubts. But so far are we away from having an established fact in regard to the origin of those cases of disease at the present time classed as malarial, that the question perplexes the most accurate observers in the profession, and obliges them to confess that underlying the phenomena evoked, there is some unrecognized potency at work in the region which before had not been with us, and which we cannot extirpate because we cannot grasp it.

But while the painstaking observers in the profession,—the earnest explorers after the bottom fact,—the logical and analytical sceptics and questioners, who are not pleased to be satisfied with assumptions that cannot be supported by substantial proofs,—are not only much at sea in their views, but are ready to acknowledge themselves at sea ; there is another class, or rather, there are other classes, in promiscuous abundance, who flatter themselves that they understand the whole matter ; and understanding it, imagine, or pretend to imagine, that if effort is expended in the direction they choose to indicate, straightway all our so-called miasmatic emanations will vanish like as vanish the morning mists before the sun, and along with them the torments of intermittent, remittent, and all that perplexing host. It is one great mistake.

As somewhat illustrating the folly of the egotism, and the egotism of the folly, contained in the theories submitted to us, mostly by writers who know nothing, or next to nothing, of the subject about which they assume to know much or all, I propose to submit in this paper two or three typical specimens out of some dozens encountered in a little miscellaneous medical reading, and to probe after the marrow supposed to be in them. Here is a delivery from the *Christian at Work* :

“The hydra-headed monster, malaria, has spread over the country to such an alarming extent, . . . would it not be wise to inquire into the cause ? The medical fraternity have decided that it is not solely due . . . to vegetable decomposition. If not due to vegetable or animal decay, the cause must lie somewhere else. . . . We have daily proof that such (intermittents, etc.) diseases do exist, and that, too, in our most healthful New England towns, and in some of the oldest settlements in the Middle States. . . . These diseases are found to prevail to a frightful extent in localities supplied with the purest of water, as well as the best of air ; in houses well ventilated, and when the inmates are properly clothed and fed. We must seek the cause elsewhere. After making many observations . . . we have come to the conclusion that we must go a long way back in searching for all the causes, even to the third and fourth generations. . . . We think a part of the sin at least can be laid at the door of our forefathers. That hardy race of pioneers, . . . in their great desire to make for themselves comfortable homes, hurried and worried too much, bequeathing to posterity an over-wrought mental and physical condition. This generation . . . emulated their achievements, and being half starved themselves they half starved their children, first, in their inheritance, and second, in their rearing. . . . The body has been gorged with carbonaceous foods, imposing monstrous tasks on the poor liver, debilitated and unable to do one half its work properly. No wonder the present race finds itself an easy prey to all kinds of malarial diseases.”

Now, there is scientific explanation for you ; the author of it doubtless thought himself an original discoverer, and being pregnant with it had to be delivered in due process of time, through the pangs of mental maternity. “After making many observations,” he conceived and brought forth. But if after conceiving, he had reflected that those “hardy pioneers” of the past generation, who in their experience knew nothing of the forms of malarial diseases we now encounter, are duplicated by a corresponding crowd of inferior management, the result

from abroad, who readily succumb to attacks of intermittent and typho-malarial very soon after reaching the sections where it prevails, without ever having been "gorged with carbonaceous foods," or having inherited an "overwrought mental and physical condition," he might have been contented to leave the fruits of his conception unborn. If he had stopped to ask himself why it was that in those "healthful New England towns" and "oldest settlements," where no case of indigenous intermittent had been known for many years, all the poor and debilitated livers should break into malarial diseases at once, as if summoned to activity by a word of command, his inability to answer the question might possibly have kept him from an exhibition of inanity. If, among his other observations, he had noted the gradual geographical progress, from county to county, and from town to town, of some epidemic influence which put under its control the half or more of a population which twelve months before had not been touched by it, not only of those who had poor livers and been gorged with rich foods, but alike the most robust, the most healthy, and the most careful; the generous feeder and the vegetarian also; the man in the prime and best condition of life, as well as the octogenarian and the infant at the breast; yea, the very dogs of the neighborhood; and if he had further noted that on the one side of a somewhat illy-defined but none the less certain line, a large part of the population was being afflicted, while on the other side of it a population alike the other in their habits, their modes of living, their surroundings, their inheritances, and even their livers, were entirely exempt, he might not have put on paper the ridiculous bosh above quoted. Such drivellings do not even amuse the sensible inquirer, they simply disgust him. Along with original sin, we might as well relegate the burden of malarial causation to the shoulders of the original progenitor of the human race, as to attribute it to any closer degree of consanguineous inheritance. The especial potency that produces the phenomena of ague-and-fever is neither an inherited nor an acquired physical predisposition within; it is some poisonous quantity from without—absent for consecutive years and generations from extensive portions of country, and then invading and sweeping over them in uncontrollable currents,—the more uncontrollable because unknown. We pass to the consideration of another article, containing similar though different theoretical suggestions in relation to the subject. It was found floating about, credited to *Appletons' Journal*. Says the writer,—“Within the last few years there has been a very remarkable spread of malarious sickness. At one time malaria

was confined, in the Eastern and Middle States, to a few marshy districts, but now it is found almost everywhere.” This last statement does not give the truth. So far as what are called the Eastern States are concerned, malaria was not simply “confined to a few marshy districts;” it was for years absent, except in very rare and limited outbreaks, and there no oftener connected with marshy places than dry ones; nor is it found “almost everywhere” in the regions spoken of. It has been very generally diffused over the southern and western parts of Connecticut and into western Massachusetts, but has not extended, so far as I can learn, into the northern and north-eastern parts of New England, nor into Rhode Island and eastern Massachusetts unless of very late. (Since this paper was begun, I have noticed that cases have recently been observed about Boston, for the first time.) Says the *Appleton* writer, further,—“It has appeared in parts of New England and New York, where all accounts agree it was never known before; it is found on the hills as well as in the valleys, in cities as well as in villages, in dry as well as wet places. [*Correct.*] At one time Boston was declared to be the northern limit of it; . . . the Berkshire country was equally considered free from it, and now it has made its appearance there. The question naturally arises as to the cause. A good many answers to this question are given, but they are mostly of a speculative character. [*They are all speculative.*] Professor Chadbourne . . . affirms that no answer is possible. [*And is right.*] . . . Admitting that the origin of malaria cannot be accurately determined, there are two circumstances in recent phases of our social life that may in part account for the greater prevalence of the fever arising from it. . . . Summer pleasuring is one of the circumstances to which we refer. Almost everybody travels in the summer months; . . . exposing themselves continuously to night air and hot suns, sickness becomes very common among them. . . . Many families that have gone to spend the summer in the country, return in September ill with fever. A great many cases of malaria . . . have been contracted in this way. The stranger in any section is naturally much more susceptible to local influences than those who have always lived there, and hence malarial fever may very naturally appear among strangers in places where it has scarcely been known before. . . . It is certain that fever is frequently contracted by town people in country places, and it is just possible that the apparent spread of malaria may be largely due to this fact. A great many people in the city of New York are suffering from it, and we do not know a case of malaria oc-

curing in the older part of the town that did not have its origin in the way we have mentioned."

Before quoting from this writer further, let us examine his points on the supposed influence of summer travelling as causing malarious diseases. And in the first place it is not true that "almost everybody travels," in the sense of it as used here. It is not probable that one fourth of city populations go sojourning in the country in the summers; and it is *certain* that nothing like that ratio of the people in the section of country where the writer of this resides are travellers. And if they were,—it is not the travellers out from us who contract malarial diseases; at the least nine tenths of the people in my neighborhood who have intermittent and the like remain at home all the year, except for a possible day or two of excursion; lots of old inhabitants who never get out of hearing of the village meeting-house bell,—infants, whose travels extend only from the cradle to their mothers' arms,—have ague-and-fever as frequently and as ferociously, as those who go tramping around; yea, more, for of those who travel a percentage visit sections where malarial diseases do not prevail, and so escape them; or having them before they go, get better *because* of the change. If the urban resident brings home with him a malarial fever from his summer sojourn in the country, it is because he has been into some region where malarial troubles prevail. The New York citizen who summers in the White Mountains, or in the Adirondacks, or along the waters of the Penobscot, or of the St. Lawrence, does not take home from thence an intermittent fever, for the especial reason that intermittents do not get up in those regions. Going back one decade, he didn't take home with him ague from a summer spent in the valley of the lower Connecticut, for the sufficient reason that agues were not to be obtained there. But *now*, quite likely he does; for the equally sufficient reason that an ague can be picked up in any of the towns in that section in any of the fifty-two weeks of the year. Half a decade ago or so, the New Yorker didn't import home with him a malarial fever from what the *Appleton* writer calls the Berkshire country; for the simple reason that the undetermined force or forces which provoke an attack of that fever had no abiding place in that region; but now, judging from what is said, he can find the thing there at almost any time. Twenty years back, the New Yorker who had intermittent from a residence on some of the upper parts of the island, or from being around Morrisania or portions of Brooklyn, got away from there for a sojourn in the Connecticut valley or on the head-waters of the Housatonic.

with the confident expectation, always realized, that his trouble would disappear; *now*, the matter is in a measure reversed. It is not simply because people travel, or sojourn, or change, or expose themselves to the sun, or to the night air, as the *Appleton* man suggests, that they contract the malarial diseases; it is because they go into sections of country where the potential poison that induces the phenomena of those diseases is for the time really abiding and in virulent activity. Further, it is not alone the strangers in these sections who have the malarial troubles; as regards the region of the lower Connecticut, it is the old settlers,—the inhabitants born and brought up there,—who suffer the worst; for the probable reason that they are the nearest thoroughly saturated with the poison. It usually takes the visitor a little time to get pickled through, before these so-called misasmatic diseases begin to manifest themselves in him.

To what then does this "speculative" theory of the *Appleton* man amount? Nothing beyond this: That the disease as manifesting itself in a certain number of cases is obtained in one place and the victims go home with it to another. But this is not the spread of the trouble as relating to the causes of it; it does not in the most remote degree touch the origin of cause, nor throw the first particle of light upon the question of what the cause is; and it is *that* we are after. The simple fact that I have contracted an ague in a certain locality, either as a visitor or as a permanent resident there, does nothing whatever toward explaining the sources of the ague poison or showing what the essential essence of that poison is; in other words—it does not give us the etiological factor of malarial diseases.

The "other circumstance" to which the *Appleton* man calls attention as a possible factor in the cause of malarial diseases is "the greatly increased use of ice-water." It is not necessary to dwell long on this. It is pretty well evidenced that in many instances, typhoid and dysentery have been contracted from the use of impure ice and water. That intermittent, remittent, etc.,—the malarial group,—have been thus obtained has not been well-evidenced. And if it had, the fact would not bring us any nearer to the point we seek. If a family which use ice has intermittent, it is not thereby shown that the ice has any relation to the disease; if a dozen families do and have the like, it is not shown; since the fact is, that in the regions where intermittents and the cognate diseases prevail, the families who do not use ice have them just as much and as severely as those in which the ice is used. If my neighbor cools his throat with just the water from his well

and I cool mine with ice from a dirty pond, and we both have the shakes the same, it is rational to infer that it is not my ice that is in fault, but some other potency that has seized both of us. The writer has not used half a dozen pounds of ice into the stomachs of his family in the last nine years, but in every one of those nine years malarial troubles have been in the house. Further, if you will go through the nearly two hundred thousand people in the valley of the lower Connecticut, it is safe to say that you will find one half of them do not use ice or ice-water at all; and you will also find that they have intermittent fever just the same as their neighbors who do use it. To what, then, does this ice theory amount? Nothing. It is one of those theories of a "speculative character," which may serve to amuse the reader, but do nothing to enlighten him; it is simply imaginative, and void of any basis of support.

Let us proceed from this to the consideration of another "speculative" theory, contained in an article in a Hartford daily paper,—being mostly extracts from "a sanitary engineer of recognized authority," one Gen. Viele. Says the general,—"*. . . in a popular sense malarial diseases have come to be considered only the simpler forms of fevers, particularly intermittent fevers. Now these intermittent fevers have been gradually spreading over a large portion of New England, especially in the river valleys. Some seasons the fevers develop in certain places and not in others, and in the following seasons they will leave those places first attacked and visit the localities before exempted. The chief cause of this apparent caprice is due to atmospheric conditions. Some seasons more rain will fall in certain sections than in others, and some sections have a higher range of temperature than others at different seasons. There are three elements that observation has determined upon as being essential to the production of malaria. These are heat, moisture, and decomposition. The latter presupposes material for decomposition, which must of course be organic. . . . It is well established everywhere throughout the world that wherever there is present a large amount of decomposing organic matter in connection with the requisite amount of heat (which must be over 52°) and of moisture, there are widespread malarial influences.*"

In proposing to examine into the validity of the assumptions of Gen. Viele contained in the last sentences extracted, I shall start with another assumption,—*that they are not true*; and having made the assumption, shall undertake to show why they are not true. In the first place, it has not been de-

termined that heat, moisture, and decomposition are essential to the production of malaria. It is so far from having been "determined" that a large part—a large majority—of the physicians, who have had a personal and practical knowledge of intermittent fever for the last nine years, in the valley of the lower Connecticut, where it has prevailed extensively, do not believe in that theory of cause; the logic of events has forced them to abandon it, if they ever entertained it. I respectfully challenge Gen. Viele, or any other "sanitary engineer of recognized authority," to come in here and demonstrate that these three factors in combination are essential to the development of any of the forms of the so-called malarial diseases, or that the combination is the cause of them. It cannot be done. The assumption is simply the reiteration of the theory of Lancisi, put forward about 1695, and which has ever since been repeated by writers in medicine, not because they knew it to be correct, but because it had been stated by others who preceded them. It is the theory that Prof. Chadbourne tells us he was instructed in, and in which he in turn instructed others, not that he knew it to be true, but because the authors and persons he consulted held to that view, but which his own personal observations have compelled him to modify and to so far abandon, as to conclude that no satisfactory answer is possible to the query of what it is that causes the malarial diseases. It is the theory in which about or entirely all the physicians in this section were instructed in, and which they received as correct up to about ten years ago, but as to which they have since first become sceptical and now disbelieve. That, in the face of their own experience, they have come to disbelieve in it is nothing new. Sir Thomas Watson, in his lectures (1836-7) says,—"*the prevailing belief is, in my opinion, an erroneous one. . . . Very strong facts have been adduced to show that the decomposition of vegetable substances is only an accidental, though a frequent, accompaniment of the miasm; and not by any means an essential condition of its evolution. . . . The decomposition of vegetable matter goes on abundantly without the production of malaria. The rotting cabbage leaves . . . which taint the air from the neglected dust-holes of London during the hot weather of summer give rise to no ague. The same may be said of the putrefying and offensive sea-weed which is deposited in large quantities upon some very healthy parts of our sea-coast.*" He further adds—"marshes are not necessary to produce malaria;" and quotes Dr. Wm. Ferguson as showing "that vegetation is not necessary; that the peculiar poison may abound where

there is no decaying vegetable matter, and no vegetable matter to decay." Dr. Ferguson states that in 1794, the English army in Holland encamped at Rosendaal and Oosterhous. "The soil, in both places, was a level plain of sand, with a perfectly dry surface, where no vegetation existed, or *could* exist, but stunted heath plants;" but fevers of the remittent and intermittent type appeared in great abundance. The soil at the encampment of a British army, on the island of Walcheren, where 7000 of the troops died in six weeks of a malarial fever, in 1807, was a fine white sand, without the presence of any vegetable decomposition whatever.

But, putting aside in this place any further quotation of authorities against the validity of the trinitarian theory of heat, moisture, and decomposition (though others might be given), let us come to the consideration of some of the facts within our own observation and experience that have compelled the abandonment of that theory. In doing this I propose to be mostly confined to a limited territory, but one which has afforded an example alike to many others. Except at rare intervals, and to a very limited extent, from the first settlement of the valley of the lower Connecticut up to 1872, intermittent fever and the allied troubles were not common in the region. Occasional cases are ascertained to have occurred in the last century. Coming into the present century, but very little of it was met with for the first fifty years. In 1863 there were some indigenous cases in the town of Lyme, at the mouth of the river. A solitary case was reported in the city of Hartford, in 1862, and the medical gentleman who related its occurrence was rather laughed at,—it being generally supposed that such a thing could not occur. There was a native case in Rocky Hill in 1877, and its appearance was regarded as singular as would have been a case of indigenous yellow fever. Two or three cases occurred in Wethersfield in 1863–64. There were one or two cases in Essex in 1869; and the same in Portland in 1868–9. With these exceptions,—the advanced guards of an immense invading army,—the entire valley had been for many years quite free from malarial troubles. But in the period from 1872 to 1878, that immense army had moved in and taken possession. From the Sound to the Massachusetts line, in some towns a fourth, in some a third, in some half, and in some sections more than half the population have had some one or more of the differing forms of malarial disease. It is quite certain that from the beginning of the century up to about 1870, the indigenous cases of fever-and-ague in a territory fifteen miles wide up the river from the

Sound to the north line of the State did not average one a year to ten thousand of the population. It is probable, though it cannot be definitely determined, that there were not even so many as seventy cases in the entire valley in all of those seventy years. It was universally supposed that the disease could not be originated here. But it is quite within the limits of the truth to say that, in the last ten years, counting recurrences in different years in the same individual, there have been fifty thousand cases on the same ground, and more. And I now ask Gen. Viele, or any other engineer putting in type the old trinitarian theory which he so dogmatically affirms, to come in here and point out, explain, demonstrate, the cause of this remarkable and amazing difference. Gen. Viele cannot do it; it cannot be done. If the combination of heat, moisture, and decomposition is "essential to the production of malaria," as is stated, and that "wherever these exist there are widespread malarial influences," as is also stated, I wish to know why it was that in the first seventy years of this century, and for long before, when the three elements in the proposition were present in no less of quantity, and no less active in quality, the miasmatic potency was not evolved in any of those years, while in the succeeding ten, without any addition to those elements, that miasmatic potency has been evolved in all of them. Until this reasonable wish can be gratified—this great difference in the prevalence of this malarial disturbance without any difference in the supposed origin of it can be made apparent—the critic is abundantly justified in saying that the propositions of Gen. Viele herein quoted are not worth the paper over which they are spread, and that the deductions which follow them in the direction of prophylactic endeavor are as untenable as the propositions are absurd.

With absolute safety, this point in our subject might be left to rest. But as further enforcing the correctness of the position taken, I wish to call attention to other corroborating facts. It is to be remembered that the recent malarial epidemic began in the territory spoken of about ten years ago. But earlier than this it had invaded the *south-western* part of the State. In the twenty years and more, especially in the ten years preceding the endemic appearance of the trouble in the Connecticut valley, up to 1870 and later, ague-and-fever had been raging about the New Haven region, thirty miles west, and up the Quinnipiac through the towns of Hampden, Cheshire, and the lower part of Southington, in about the same degree of virulence as since 1872 it has rage up the Connecticut. In 1872, 2000 of the 3000 people in the town of Hampden suffered from the

scourge. While it was terribly present in *that* section, it was happily absent in *this*; but our physicians predicted that it would come to us, as it has come. Another fact to be noticed is, that while from 1872 and thereabout it became thoroughly located along the Connecticut from Hartford to the Sound, in some localities attacking in the space of half a dozen years the half or more of the population, it was four, five, and six years later before it appeared in the towns above Hartford. It was virulent in the town of East Hartford in 1872, but did not appear in the town of Manchester, eight miles east, till six years later. Further,—during all this period of prevalence in the lower part of the valleys of the Housatonic and Quinnipiac from about 1850 and on, and in the valley of the lower Connecticut from about 1872 on, the three eastern and north-eastern counties of the State, New London, Tolland, and Windham, up to 1878, had not been visited. Dr. Paddock, of Norwich, county reporter for New London County, in addressing the State Central Committee in reply to its circular regarding this subject, said,—“There is but one opinion expressed by the physicians of this county as to the existence or increase of diseases of malarial origin. *They never originate here*, and as imported are among the most unfrequent diseases met.” Dr. Holbrook, of Thompson, Windham County, said,—“Diseases of malarial origin have not prevailed in this county.” As a matter of fact they were not known there, except in the case of some one coming from some other section where those diseases did prevail. Dr. Shelsey, of Willington, Tolland County, wrote,—“*We have no endemic-malarial disease*:—see it in transient visitors.” In other words, in these three counties of the State, which are mostly drained by the Thames River and its branches into the Sound at New London, indigenous intermittents and the allied troubles were not known up to the time mentioned. During the summer of 1881, occasional cases have for the first time appeared up the Thames and its branches, in the same way as twelve to fifteen years before, occasional cases appeared up the lower Connecticut.

Now it is to be remembered that the lower valleys of the Housatonic, the Quinnipiac, the Connecticut, and the Thames, are on the same latitude. There can be given no plausible nor possible reason why heat, moisture, and decomposition, should operate to cause ague-and-fever in the Housatonic and Quinnipiac regions in nearly every year for fifteen or twenty years before the same combination could evoke it in the Connecticut section, or in this latter section for eight or ten years in every year, before

they could evoke it in the section of the Thames. These facts—and it is to be definitely understood that they *are* facts, and not assumptions—are incontrovertible evidence of this other fact,—that the potency which underlies the development of the phenomena of intermittent,—the *necessarily essential* factor of course—is something which progressed from the south-western parts of the State to the north and east, slowly, but certainly and determinately, without any regard to the conditions of that trinitarian combination which Gen. Viele and his predecessors in the belief of that particular dogma, assume to be the sole and essential cause of the intermittent. The amusing platitude by which the general endeavors to cover this point, to wit: that “some seasons more rain will fall in certain sections than in others, and some sections have a higher range of temperature than others at different seasons,” serves no other purpose than to expose the weakness of his deductions.

Following this “expert” a little further, in his assertion that heat, moisture, and decomposition produce malarial diseases by the evolution of certain vital organisms, we are told that “their existence and propagation depend upon filth, which is another name for decomposition. And wherever there is a widespread area of decomposition, either vegetable or animal, like a mill-dam overflowing a large extent of country, or a deposit of refuse matter anywhere, there will these organisms be developed in infinite quantities.” Assuming this to be correct, it is quite easy to deduce from it the origin of the diseases in question, or the origin of any disease. But the assumption is *not* correct. I will endeavor to show why it is not. And as to mill-dams, or other ponds, and the decomposition around them, let us come to some particulars. To begin at home: there is a mill-dam in the lower part of the town; it has been there 150 years; but there was never known to be a case of ague near it till 1872; there have been cases near it nearly every year since. I assert that there has been no more filth and decomposition about or near it in the last 10 years, than in the 140 previous. There is the town of Glastonbury, opposite; it has fifteen to twenty mill-ponds, which have existed for thirty, fifty, one hundred or more years; but not one of them ever generated or harbored a case of intermittent till the same year of 1872; and there is no more filth in or about them than there has always been. There is the sluggish Mattasbesett River, the boundary between Middletown and Cromwell, extending into Berlin, with its old mill-ponds for generations—a section having what would be called the natural features requisite for the production of

the hypothetical intermittent germs,—and yet it is not known that a case of ague was ever begotten or ever existed there till about the same period of time. There is the town of Manchester, eight miles east of the river, with a score of mill-ponds, which did not have intermittent till 1878, though the disease six years previous and up to that time *raged* five and eight miles west of it. These is the town of Guilford, in the north part of which there is a natural marshy pond, which thirty and more years ago had its water storage increased largely by a dam, around which intermittent has been prevalent since 1872, but where the disease did not exist previous to that period. There is the region of the Thames, in all of which the mill-ponds are as thick as in any other portion of the State, and yet no ague had been gotten up around them till 1878; and the occasional cases that have appeared in the last twelve months are mostly without the reach of mill-ponds or any other thing the like.

And these examples are not simply isolated cases; what is true in the places mentioned is true of nearly every town in Connecticut. As to other “deposits of refuse matter anywhere” developing the organic germs of fever-and-ague, the assertion that they do is as devoid of substantial evidence in proof of it, as is the same assertion in reference to ponds. When not less amounts of refuse matters have been in existence in all the places for scores of years, and have been utterly impotent to generate a single case of malarial disease, it is simply nonsense to assert that they *now* do it; and it cannot be shown that they do.

What then becomes of the assertions we have given to us by the experts? In the face of the facts they vanish; they are void of substantial basis; they are not proved to the satisfaction of the professional mind; more, they are rejected by the larger portion of the professional mind which has come in personal contact with the phenomena of ague-and fever as developed in any section of country. And the animus of the sanitary engineer, in his endeavor to disseminate the exploded theory of causation out of the combination of heat, wet, and decay, as located in mill-ponds and refuse matter, is not only obviously apparent; it is so diaphanous as to be readily pierced even by eyes not professional; the sanitary engineer has scent of a job in the line of his employment.

I have thus examined the theories put forward by these different writers, as to the etiology of ague-and-fever. There are plenty of others just as good, and as little defensible; but these are fair examples of them all in their untenableness of position; and it is not necessary to enter into more of them, and

expose their fallacies. The *fact* is, that the essential potency of the malarial diseases is a factor unknown. This confession advertises our ignorance. The confession of ignorance is one not easy to extract from writers on subjects not thoroughly understood. It is by some supposed that in order to preserve one's reputation for learning, culture, information, knowledge, in the medical profession, it is necessary to at least imply, if not to assert, that you understand thoroughly all that is immediately or remotely connected with your profession, in etiology, pathology, and treatment. To be asked a question and not be able to give an answer to it as regards the causation of a case of disease is to discount your reputation and the weight of your purse. And there is so much of truth in this view of the matter as to make it notorious that fools rush in and gain reputation among people ignorant like themselves, where the better-informed will not venture, for the very reason that they know enough at least to have a sense of their inability to understand and explain all things. Beside this, where self-conceit overlies actual knowledge, there is an exquisite satisfaction in congratulating one's self that he understands what others do not understand,—that he can explain the before unexplainable,—that he has fathomed the mystery which other plummets have not sounded,—that he has evolved an etiological theory he has not before heard of, and therefore supposes to be new, albeit it is old and stale. Hence it is that we have an immense amount of trash like to that we have been considering, which critical examination discovers to be without proper basis of support.

Not being ambitious of the credit of standing alone in the confession of ignorance of the *primum mobile* of the malarial diseases, I propose briefly to present somewhat from a few men in the profession, who not only ought to, but do, know more about the subject than the writers in cross-roads papers and the experts who profess to comprehend the whole of it. Prof. Lindsley, of Yale College, New Haven, in this connection, speaks of “a class of disorders attributed by common consent to a *mysterious potency* we call malaria, everywhere extending to places where it has been previously unknown for generations. . . . Old malarial theories are unsatisfactory and incomplete to explain these varied phases of pathology.” In writing to me on this subject, Dr. Gilbert, of Westbrook, Conn., says he “knows of no cause for the rise and prevalence” of ague; Dr. Hubbard, of Essex, “has no theories as to its rise and prevalence;” Dr. Turner, of Chester, “has no theory of cause;” Dr. Fox, of Wethersfield, “is not prepared to say what is the cause;”

Dr. Warner, of same place, "has no theory of cause;" Dr. Campbell, of Hartford, "has no theory;" Dr. Lyon, Hartford, thinks it is "due to some influence of the nature of which he has no knowledge;" Dr. White, of Simsbury, does not know "to what to attribute the disease;" Dr. Edwards, of Granby, "don't know;" Dr. Rockwell, of South Windsor, does "not know to what to attribute it;" Dr. Allen, East Windsor, the same; Dr. Strickland, of Enfield, "has no theory;" Dr. Brandegee, Berlin, can "assign no cause for its advent;" Dr. Wright, Plainville, "cannot account for its rise and prevalence;" Dr. Gray, of Bloomfield, knows of "no cause for its prevalence." These men have all been in almost daily contact with the malarial disturbance since its advent into the Connecticut valley; and yet, they are ignorant where the sanitary engineer undertakes to be wise. The sanitary engineer may, along with other assumptions as baseless, assert that they are all stupid. If it be true that they are stupid, the writer of this accepts with them his equal measure of stupidity.

To this brief list of references, the names of many others might be added; but what is here is sufficient for the purpose, and I shall append to them only some quotations from a paper in the Connecticut Medical Proceedings, for 1872, from Prof. Henry Bronson, of New Haven. The paper is a "History of Intermittent Fever in the New Haven Region, with an Attempt to Distinguish Known from Unknown Causes." Says Dr. B.:—

"According to McCulloch, and the class he represents, the existence of periodic fever *proves* the presence of malaria. This admitted, our duty is plain; we have but to look for it. If, owing to the topography of the place, it is not found readily, the search must be continued with the undoubting confidence which faith inspires. If seriously embarrassed, we are at liberty to supply the deficiency with supposititious and needless assumptions. . . . Taking hold of the proffered helps, and following the directions, that inquirer must be sadly lacking in ingenuity or enterprise who cannot find, in any supposable case, a satisfactory cause of disease. This is eminently true when the investigation is permitted to go several miles or many leagues for the poison and to float it on the winds, against the surface currents perhaps, to the desired point; or to suppose that the fever may have been contracted, twelve or twenty months before, and many hundred miles away. It is difficult to embarrass, much more to defeat, the sharp-eyed, quick-scented seeker of malaria, who avails himself of the license which the prevalent theory allows. . . . There has been a tendency of

late years to greatly modify the conditions thought needful for the development of intermittent fever. The progress of discovery and stubbornness of the facts involved have made this modification necessary. . . . Successive admissions and modifications of opinions have much weakened the miasm theory. It may turn out that it was not worth the sacrifice, and should have been abandoned. . . . The proofs and reasonings offered in defence of the current theories of the origin of intermittent fever are not satisfactory. The existence of a specific ague-poison issuing or escaping from drying swamps, ponds, and low meadows, is not demonstrated, but assumed. Appearances often, and facts not infrequently, are favorable to these theories—give them a plausible character—but the evidence is not of a kind which exacting science demands. When it is claimed, as in this case, that a 'cause is known by its effects,' it is only necessary to reply that an unknown cause cannot be said to be known. Effects presuppose *some* cause, but not, in the absence of knowledge, any particular cause. The question is not whether there be a cause, but whether the assumed is the true one. . . . The claimant proceeds without warrant, however plausibly he may argue, [when] the bare existence of intermittent fever is considered proof that the traditional and hypothetical marsh-miasm is present, even in places where no marsh or other accredited source is known, or can reasonably be supposed. The evidence yet adduced is not sufficient to prove that there is such a thing as malaria—I mean any specific poison, the *sine quâ non* of marsh fever." Further—"Why is not the disease active at all times and in all places, if only the specified conditions are present? Why does it prevail so generally in one year or a series of years, . . . and then disappear partially or wholly, perhaps for a long period, the circumstances supposed to control it having undergone no change? . . . If heat, moisture, decaying vegetation, . . . caused it in the several places named from 1850 to 1857, and from 1864 to 1872, why did these not produce it in the long period ending in 1850? . . . Again, if the causes enumerated are the true and sufficient ones, why has not the fever appeared in several of the more distant towns in this country? . . . If there be a spot anywhere in this latitude which, viewed in the light of popularly accepted theories, *ought* to be infested with fever-and-ague, and which certainly would be were the theories good ones, that spot is Waterbury; but, so far as I can learn, no well-authenticated indigenous case has ever occurred within the limits of the town." (This was in 1872. Since then, in accord with the law of territorial prog-

ress north and east, which has governed the appearance of the disease in the different parts of Connecticut, this place has been attacked.) These quotations from Prof. Bronson support the position taken by the writer of this. His logic cannot be gainsaid; and the questions he asks remain unanswered. From all of which it clearly appears that the postulates which Gen. Viele put forward with such glibness are not accepted by physicians who live in constant observation of intermittent, and of the coincident conditions out of which it is said to be evolved and in which it is said to originate.

And this brings me to the point where I may repeat what in substance I have before put in type. That undetermined and hypothetical factor, which, for want of a more appropriate name, we call malaria, is not dependent for its existence upon marshes, or ponds, or earth disturbance, or sewer filth, or vegetable decomposition, or any other the like thing; it presents itself independently of, away from, and beyond the influence of them; it thrusts itself into notice where they are not, and is for years wanting where they are; the trinity of heat, wet, and vegetation is utterly incompetent of itself alone to establish a solitary case of ague-and-fever; there are uncounted regions of country where these elements exist every season without the concurrence of so-called miasmatic diseases; there remains behind an undiscovered entity essential to the origination and development of them, without the presence of which they do not manifest themselves. When, in obedience to some unascertained law of progress and diffusion, the special principle, or force, or potency, has entered into a region of country where it had before been absent, it is erratic and uncertain in its selection of temporary abiding places, so that, while sometimes it appears to locate more abundantly about marshy grounds and low places, at others it manifests itself quite as forcibly and pronounced upon the uplands and elevated tracts of the section. Appearing in one spot where the conditions, according to our old theories, seem inviting and advantageous for its residence, it remains indefinitely absent from other spots in the same region where all apparent advantages and inducements for its settlement are not merely similar but the same. Whether or not, once having entered in and taken possession, it breeds and multiplies, and is then evolved out of the environments in which it has been speculated that it does breed and multiply, is a question that has not been determined, despite the investigation and experiment in all the ages up to the living hour. When it is active and powerful in its effects upon the human system over the surface of

upland townships, away from marshes and ponds, it is just as reasonable to suppose that it is multiplied out of the soil of those uplands, dry, rocky, and wind-swept of impurities, as that it is multiplied out of the marsh in contiguity to which it is likewise found. The affirmation nor the negation of either of these has been demonstrated. But it is certain, that particular environments, in the region from which the facts and arguments of this paper have been drawn, now charged with prolific pestiferousness, for one generation after another gave no token of malicious properties; no amount of exposure to the influences emanating from them could or did induce a single case of ague; and it is perfectly safe to predict that in a few years at most, in obedience to some not well-understood but no less certain law of periodicity in regard to the appearance and the disappearance of some kinds and classes of disease, the very places now charged with high crimes against the public health will exhibit not even a particle of presumptive evidence of the capacity for mischief now attributed to them. Intermittent will disappear from the region; but not because of any sanitary war against it. Silently, but not suddenly, it will be gone; and about that apparently pestiferous marsh, where the past season there were many cases, no amount of the most careless exposure will develop a solitary instance of it. We shall build new railroads, put down new sewers, lay out more streets, construct other ponds or drain off the old ones, clean up our swamps or leave them to return to wildness,—all the same, the utmost possible endeavor to extract out of any of them a single case of ague-and-fever, will be null and void.

One other and important point in relation to this subject I had purposed to confront: namely,—The evidences supposed to be given in favor of the old theory of heat, moisture, and decay as the causes of malaria, by the subsidence of the malarial diseases in certain circumscribed localities, following changes made in the surroundings out of which those diseases have been believed to issue; but this paper has grown too long to admit of it now. At some other time, I hope to tackle that aspect of the matter, with the view of helping to expose the fallacious deductions quite too commonly made from the coincidences often encountered.

I close this by observing that, as is evidenced by the varied and conflicting supposititious views put forward as to the etiology of what we call miasmatic or malarial diseases, and the undeniable truth that we do not know what is the ultimate cause of them, and are ignorant as to the laws that govern their appearance and disappearance, and are not acquainted

with the origin, the modes of progress, the ways of multiplication, the evolution, or the diffusion of that ultimate cause; our efforts toward its extirpation are necessarily mostly Quixotic, and are expended in vain against supposed causes that really have no more to do with the presence of the diseases than had the vane on Tenterden Church steeple with the shifting of the Goodwin sands.

TRANSLATION.

SOCIÉTÉ MÉDICALE DES HÔPITAUX, SÉANCE DU 24th Nov., 1882. Translated from the *Union Médicale* of Feb. 4th, 1883, by H. McS. GAMBLE, M.D., Moorefield, W. Va.

M. Desnos presented the thesis of Dr. Péradon, entitled, "Contribution to the Physiological and Therapeutical Study of Resorcine," and made the following communication:

A pupil of the Military Board of Health (service du santé), M. Péradon, has made, under my direction, some investigations into the therapeutic properties of resorcine. Resorcine is, as you know, a derivative from benzine; it is a body of the same order as phenic acid. We can examine its therapeutic properties from a double point of view. Firstly, it may be considered as a disinfectant, as an antizymotic. In the second place, there is room to study its antipyretic properties. It is as an antithermic substance that we have experimented with it. We have employed it in three classes of diseases, to wit, in pulmonary phthisis, in acute articular rheumatism, and in typhoid fever.

In the first two classes of morbid conditions, the results have not been satisfactory. In acute articular rheumatism, notably, we have been obliged to renounce this remedy and return to salicylate of soda.

Quite otherwise has it been with typhoid fever. In administering resorcine in a certain manner and in certain doses (massive doses), we have been able to secure some very manifest depressions of the temperature. We have been able, for example, to obtain, from three and a half o'clock to eight o'clock in the evening, a fall from 40° to 37° C. The temperature, it is true, does not fail to rise again if the use of the remedy is stopped. We have, then, in resorcine a very evident antipyretic, which may render service to those who place hyperthermy in the front rank of the functional troubles of acute diseases, who consider it as holding under its dependence a great number of other morbid manifestations, and who, consequently, believe that it is their duty to wage a

war of extermination against it. They will find in this substance an agent less dangerous than phenic acid, less difficult to manage, which only must be given in larger doses. Let us add that it is less offensive to the digestive tract than phenic acid. I have even observed that in giving it in more elevated and fractional doses, it triumphs, in certain circumstances, over some of those obstinate diarrhoeas in typhoid fever, which might almost deserve the name of incorrigible, after the means usually employed in such cases—the use of charcoal, of subnitrate of bismuth—have failed. Resorcine acts, doubtless, as a modifier of the mucous membrane of the intestines, at the same time as a disinfectant of faecal matter and as an antizymotic.

It has been likewise remarked that the profound anæmia, into which more particularly the subjects of typhoid fever treated with phenic acid fall, is not observed after the use of resorcine.

It must not be thought, however, that this agent can be administered without precautions. It might become dangerous by plunging the patients into a profound collapse, as the cases of poisoning which have taken place abroad prove, and the experiments undertaken upon himself, by M. Péradon, at the risk of his life.

SELECTIONS.

THE GULSTONIAN LECTURES, ON THE STERILITY OF WOMEN. Delivered at the Royal College of Physicians, February, 1883. By J. MATTHEWS DUNCAN, M.D., LL.D., etc., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital.

Shorthouse has pointed out in mares the close alliance between sterility, abortion, and that kind of excessive fertility which is demonstrated by twinning. I quote the examples which he gives in the *Sporting Times* for December 12th, 1874; and, as adding to the force of the evidence, it is to be remembered that, in the mare, twinning is a far rarer event than in woman and the cow; in these it occurs about once in 80 pregnancies; in the mare it is said to be only once in 400:

Miserrima, barren in 1855, 1858, 1867, 1870, and 1871; slipped foal in 1856, 1859, and 1863; had dead twins in 1860 and 1862.

Caricature, barren in 1852, 1854, 1855, 1861, 1867, and 1871; had twins in 1856 and 1863; slipped foal in 1866.

Legerdemain, barren in 1852, 1859, 1864, and

1866 ; slipped foal in 1849 ; slipped twins in 1856, 1860, and 1862.

Crystal, barren in 1858, 1860, and 1865 ; in 1866 slipped twins.

Slander, barren in 1851, 1854, 1864, 1865, and 1866 ; slipped twins in 1857.

Thimblorig, barren to two horses in 1867 ; slipped twins in 1869.

Zoe, barren in 1865, 1866, 1867, 1868, 1869, 1870, and 1871 ; slipped foal in 1860.

No. 1, barren in 1865 and 1868 ; slipped foal in 1867.

No. 5, barren in 1856, 1858, 1860, 1864, and 1866 ; slipped foals in 1862 and 1868.

No. 7, barren in 1857 and 1860 ; had twins in 1858.

No. 8, barren in 1867 ; had twins in 1861.

No. 9, barren in 1858, 1860, 1864, and 1867 ; had twins in 1868.

No. 10, barren in 1858, 1860, and 1864 ; had twins in 1861.

No. 11, barren in 1856, 1863, and 1864 ; slipper foals in 1859 and 1865.

I know no observations worth quoting as to the special sterility of male lower animals, and the subject requires much further investigation. It is not quite a new subject, for it is popularly believed that certain stallions are often inefficacious ; and accordingly breeders, in their advertisements, take care to add to the other qualifications of a named horse that he is a "sure getter."

In woman, sterility varies in amount according to the age at marriage. This is shown by the table which I compiled from the data of Edinburgh and Glasgow in 1855. (See Table IX.) It is evident

TABLE IX.—*Showing the Variations of Sterility according to the Age at Marriage.*

Ages of wives at marriage	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50, etc	Total.
Number of wives.	700	1835	1120	402	205	110	46	29	4447
First children.	649	1905	809	251	96	10	2	...	3722
Sterile wives.	51	...	311	151	109	100	44	29	725
Percentage sterile.	7.3	...	27.7	37.5	53.2	90.9	95.6	100.0	16.3
Proportion sterile : 1 in.	13.72	...	3.30	2.66	1.88	1.10	1.05	1.00	6.13

that this table gives only an approach to the truth, for in its second column there is an excess of children over marriages that cannot have been. Incongruity of this kind is not only accounted for, but to be expected, from the manner in which the table is made up. The numbers of marriages in Edinburgh and Glasgow in 1855, at different ages of the wives, are compared with the numbers of first living children born in the same year to wives married at

the same ages in that year or previously, and the number of sterile wives is got by subtracting the latter figures from the former. The comparison is of the first births of one year with the marriages of the same year, while they were mostly the result of the marriages of the former year ; and the table is consequently imperfect. It must be remembered that this table, like the others from the same source, gives the title of first children to the first-born living, excluding the dead from the reckoning—another manifest source of error. But there can be no doubt, I think, of the conclusion as to age which is derivable from it—that women married under twenty years of age have much more sterility than women married from twenty to twenty-four inclusive ; and that the sterility of marriages before twenty is less than the sterility of marriages after twenty-four ; and that, of marriages after twenty-four, the sterility increases with the age at marriage. A nearly similar conclusion is derivable from the "Statistics of Providence" published by Snow.

The relative sterility of women at different ages is in part shown by their slowness to become mothers ; or the length of interval between marriage and child-bearing ; and this is found to tally with the sterility according to age, which I have just stated. I give another Edinburgh and Glasgow table, embodying

TABLE X.—*Showing the Initial Fecundity of Women of Different Ages within the First Two Years of Marriage.*

Ages of wives newly married.	Number of wives newly married.	Number of wives mothers bearing in 1855, and within two years of marriage.	Proportion of latter to former is 1 in.	Or percentage
15-19	700	306	2.3	43.71
20-24	1835	1661	1.1	90.51
25-29	1120	849	1.3	75.80
30-34	402	253	1.5	62.93
35-39	205	84	2.4	40.97
40-44	110	17	6.4	15.45
45-49	46	2	23.0	4.35
50-54	20	...	...	...
55-59	6	...	...	...
60-64	2	...	...	...
65-69	1	...	...	...
Total.....	4447	3172	1.4	71.33

the facts bearing on this. (See Table X.) Those married below twenty years of age were longer in married life before becoming mothers than those married between twenty and twenty-four, inclusive. These latter showed the highest fecundity and quickness to commence bearing children. Those, again, married after twenty-four, were slower than their predecessors ; and the slowness increased with every additional quinquenniad after that of twenty to twenty-four.

In the quinquenniad preceding twenty, I can give for each single year the increasing delay of child-bearing as age decreased. Table XI., from the Edinburgh and Glasgow data, shows this relative sterility of early ages.

TABLE XI.—*Showing the Initial Fecundity of Women under Twenty Years of Age within the First Two Years of Marriage.*

Ages of wives newly married.....	16	17	18	19
Number of wives newly married.....	43	108	225	314
Number of wives mothers within two years of marriage.....	4	27	98	177
Proportion of latter to former is 1 in.....	10.7	4.0	2.3	1.8
Proportion after correction for immaturity is 1 in.....	7.7	3.3	2.1	1.7
Or percentage.....	12.90	30.00	46.44	57.84

At this point of the inquiry as to the influence of age, I interpolate an argument as to the influence of marriage or cohabitation in causing sterility. Although it seems, at first sight, absurd to rank marriage among the causes of sterility, yet the conclusion that it is so, at least in the very young, appears to be inevitable ; for, if the women married under twenty are more sterile than those married at twenty to twenty-four, and are also more relatively sterile, so far as delay of childbearing shows this quality, then, if the marriages of the very young—that is, of those under twenty—had been delayed till the next quinquenniad, they would in greater numbers have shown fertility, and shown it also more quickly. Now, as the only difference known between those of twenty to twenty-four, and those younger, is age at marriage, we may reasonably conclude that premature marriage was the cause of the sterility. There may be some analogous injurious influence of too long delayed marriages upon the elderly, and the delay of commencing childbearing may point to it ; but we cannot say of them, as we do of the youngest married, that, if they had still further delayed marriage, they would have had more chance of being mothers. Some further reference to this evil influence of marriage, and attempt at explanation, will be found in the discussion on sexual pleasure.

I might here adduce evidence of the influence of age which is found in the weight and length of the children produced, the length and weight rising with the age of the mother to its climax in the children born to mothers between the ages of twenty and twenty-nine inclusive, and then again falling as the age of the mother increases above twenty-nine. This is a matter tested by too delicate variations of length and weight to be, as yet, quite relied on ; and great authorities have, indeed, contested its truth—Hecker, for instance, alleging that the measurements increase with the age of the mother in a di-

rect sort of proportion. But I have Aristotle on my side. “Premature conjunctions,” says he, “produce imperfect offspring, females rather than males, and these feeble in make and short in stature. That this happens in the human race,” he adds, “as well as other animals, is visible in the puny inhabitants of countries where early marriages prevail.” The general tenor of the evidence is, indeed, very strong in showing a concurrence of sterility, monstrosity, feebleness, and smallness ; and, on that account, I still hold that diminished length and weight of children accompany the diminished fertility of the premature and post-mature women.

It is a matter of regret that we can present no demonstration of the influence of age on fecundity founded on the frequency of abortions and of ill-formed children. But we approach near to such evidence, and may guess what it would yield, when we present the facts, scanty though they be, as to rearing of children and as to idiocy. Table XII,

TABLE XII.—*Showing the Mortality of Children Born in Marriages Formed at Different Ages.*

Years elapsed since birth of first child.	Mortality per cent of the children born to marriages formed at ages—			
	16-20.	21-25.	26-30.	31-35.
10.....	36.87	37.09	37.89	35.48
20.....	47.44	43.10	44.36	16.67
30.....	53.03	43.89	48.53	64.29
40.....	63.12	57.14	68.00	50.00

derived from the data obtained by the Statistical Society in St. George’s-in-the-East, is the only body of facts as to the rearing of children born of mothers of different ages that I know of. It shows a diminished amount of rearing of children of the sterile ages. The sterility or weakness of reproduction by mothers of sixteen to twenty years of age is shown by the failures in rearing, and increased failures in rearing appear again as the sterile ages above twenty-five are entered on, the failures to rear increasing with the age of the mothers, just as sterility increases at the same ages.

We suppose that, from the time of their birth, the children of these observations were tended with the same care, or desire of the mothers to act fairly by them ; and that we must look to some cause of the failure to rear in the reproductive arrangements. Now, here we include the nourishment of the child among the reproductive processes ; while in our other studies of sterility, we stop at its birth, or, if we proceed further, we consider only conditions presumably already established, or commenced at the time of birth, such as idiocy. The child is naturally

fed upon its mother's milk, and the feeling is an extra-uterine continuation of the previously otherwise conducted nutrition of the fœtus. Nursing is part of the reproductive process. The failure to rear may be a result of imperfection of the fœtus, now a child, or it may be the result of the imperfection of the mother as a nurse. I know no method of disentangling the results of these two causes, but the potency of imperfect nursing is undoubted. It is a universally recognized rule, in the selection of wet nurses, that very young or elderly mothers are to be avoided.

Imbeciles and idiots may be so from original or innate causes, sometimes called developmental, or from injury or other accidental causes. The undoubted frequency of accidents at birth, or other injuries, as causing imbecility and idiocy, introduces an element which should be subtracted, with a view to the ascertainment of the influence of the mother's age in the production of the mental weakness; but, although in individual cases the two kinds, the developmental and accidental, may with much assurance be distinguished, I know no way of doing so in the statistics to be adduced. Authors on this subject, especially Little, attach great importance to the resuscitation of the stillborn as an accidental cause of idiocy, and it may be so; but I am disposed to attribute the necessity for resuscitation partly to the feebleness of the imbecile child produced. Among Langdon Down's 2000 cases, 400, or 20 per cent, were born in a state of suspended animation, and 40 per cent of these 400 were first children. At all events, it will not be disputed that the great majority of idiots and imbeciles are so from innate or developmental, not accidental, causes acting during or after birth.

Among Mitchell's 443 idiots and imbeciles, 138 were first-born; among Wilbar's 675 there were 191 first-born; among 100 of Beach's, 20; among 2000 of Down's, 480. Or among 3218, 829, or about 26 per cent, were first-born, and presumptively born of young mothers.

"Among 443 idiots and imbeciles consecutively examined," says Mitchell, "I found 138 first-born, or 31.1 per cent; and 89 last-born, or 20.1 per cent. When it was known, however, that almost every sixth idiot in Scotland was illegitimate (663 idiots and imbeciles giving 108 illegitimate, or 17.1 per cent), it was thought that an element of disturbance was probably thus introduced into the foregoing figures which might affect their value. The great majority of illegitimate children are known to be first born and only children; while not a few of them are last-born, though the last of a small number

of pregnancies—say of two or three. It was, therefore, thought desirable that a fresh series of observations should be made, excluding the illegitimate, and dealing only with those born in marriage. It was also thought well to confine these observations to those cases in which not more than one idiot occurred in a family, and in which the idiocy was noticed very soon after birth—that is, in which it was probably congenital. Further, no cases were accepted but those in which the mothers at the time of the inquiry had passed the age of childbearing, though some of them, I think, were widows before that age was reached. All these restrictions made it difficult to obtain a large series of observations, and account for their number not exceeding 85—44 males and 41 females. I sent my results in detail to Dr. Matthews Duncan, who kindly drew up for me the two tables embodying the facts in a way which makes their

TABLE XIII (*from Arthur Mitchell*).—*Showing the Comparative Frequency of Births of Idiots, and of all Births, in First and Subsequent Pregnancies.*

Number of Pregnancy.	Percentage of all Births.	Percentage of Idiot Births.
First.....	22.8	33.0
Second.....	17.7	18.8
Third.....	15.5	17.6
Fourth.....	12.1	2.4
Fifth.....	9.4	2.4
Sixth.....	7.4	2.4
Seventh.....	5.2	7.0
Eighth.....	3.9	3.5
Ninth.....	2.6	2.4
Tenth.....	1.3	7.0
Eleventh.....	.9	3.5

teaching apparent. (See Table XIII.) This table is read in this way: Of all the children born in Edinburgh and Glasgow in 1855, 22.8 per cent were first pregnancies; while of the 85 idiots, 33 per cent were first pregnancies, and so on. What the table appears to teach is briefly this—that idiocy is more likely to occur among first and latest (seventh to eleventh) pregnancies than among others. This is substantially the same thing as was taught by the first inquiry, which included 443 cases, and in which all that was asked was whether the patient was first-born or last-born."

Similar evidence is derivable from the data given by Langdon Down, but in regard to them, we have not the same assurance of the circumstances of the collection as is given by Mitchell in regard to his. Down's data are given in Table XIV.

Fortunately, Mitchell gives the age of the mother at the time of the birth of the idiot, and the result is very striking. Down does not give the age of the mother in his collection, but, considering the excess of primiparity, and the very large proportional number of pregnancies of high figure among them,

we can have no doubt they would yield a like result.

TABLE XIV (from Langdon Down).—Showing the Comparative Frequency of Births of Idiots, and of all Births, in First and Subsequent Pregnancies.

Number of pregnancy.	Percentage of all births.	Percentage of idiot births.
First	22.8	24
Second	17.7	14
Fourth	12.1	9
Fifth	9.4	5
Sixth	7.4	7
Seventh	5.2	10
Eighth	3.9	2
Ninth	2.6	9
Tenth	1.3	2
Eleventh	.9	2
Twelfth	.4	1
Thirteenth	.2	3
Fourteenth	.06	1

“The same eighty-five cases,” continues Mitchell, “are used in Table XV. which were used in Table XIII. This table is read thus :

TABLE XV (from Arthur Mitchell).—Showing a Comparative Percentage of the Children Born at Different Ages of Mothers to all Children Born, and of the Idiots Born at Different Ages of Mothers to all Idiots Born.

Age..	20-24	25-29	30-34	35-39	40-44	45-49
Percentage of all children.	22.62	39.99	23.61	14.76	5.15	0.58
Percentage of idiots.....	25.88	25.88	10.58	10.58	23.53	3.53

Of all the children born in Edinburgh and Glasgow in 1855, 22.6 per cent were born of mothers whose ages were from twenty to twenty-four years ; while, of the eighty-five idiots, 25.8 per cent were born of mothers of corresponding ages, and so on. What we learn from the table is this : That mothers under twenty-four years of age, and above thirty-five, are those more specially liable to have idiocy in their children.”

Several times I have been told by men of experience that an old bitch often ends her career of breeding by a dead and premature pup. Whitehead regards those pregnancies which occur near the termination of the fruitful period in women as being the most commonly unsuccessful ; and Arthur Mitchell has connected the occurrence of idiocy in a child with the circumstance of its being the last-born of its mother. “That in the mother,” he remarks, “which leads to the miscarriage may lead also to the idiocy, and the only connection may be one through a common cause. It frequently happens,” he adds, “that between the birth of the idiot and that of the child which precedes or follows, an interval occurs which is much longer than usual, or that, after the birth of the idiot, permanent sterility appears.” Again, when the idiot is born eighteen or twenty-four months after the preceding child, but when, for six or seven years thereafter, no impregna-

tion occurs, he thought there was reason to suspect that the imperfection in reproductive power, which showed itself in the idiot, had merely another and fuller expression in the subsequent barrenness. And so also when permanent sterility follows. In many cases, indications of barrenness preceded the birth of the idiot, and became permanent thereafter.

We have alluded to prevalent opinions that the last-born of a woman is specially liable to be a miscarriage, or a weak child, or an idiot, and female rather than male, and have shown that these opinions have considerable support from facts. We have also spoken of the only-child sterility, the mothers being in Ansell’s collection at the high mean age of thirty-one. Now, in addition, there are some, though imperfect, evidences that such children, especially if female, are not merely illustrations of one-child fertility, or only-child sterility, but are also the last of their race. They represent a family’s last effort at continuation of its line. Girls in such a position are often heiresses, though not certainly single children, and this circumstance has enabled Galton to follow up their history and to show their infertility. I know several remarkable cases of single children of this kind, feeble, rich, childless, the last of their race ; but a collection of cases forms stronger evidence than any scattered good examples. Speaking of marriages of heiresses as peculiarly unprolific, Galton remarks : “We might, indeed, have expected that an heiress, who is the sole issue of a marriage, would not be so fertile as a woman who has many brothers and sisters. Comparative infertility (he adds) must be hereditary in the same way as other physical attributes, and I am assured it is so in the case of domestic animals.” In addition to other strong evidence of the same kind, Galton found, in a partial search through the peerage, a total of fourteen heiress-marriages among seventy peers, resulting, he says, in eight instances of absolute sterility, and in two instances of only one son, “I tried the question from another side,” he continues, “by taking the marriages of the last peers and comparing the numbers of the children when the mother was an heiress with those when she was not. I took precautions to exclude from the latter all cases where the mother was a co-heiress, or the father an only son. Also, since heiresses are not so very common, I sometimes went back two or three generations for an instance of an heiress marriage. In this way I took fifty cases of each. I give them below, having first doubled the actual results, in order to turn them into percentages :

“I find that among the wives of peers, 100 who are heiresses have 208 sons and 206 daughters, 100

who are not heiresses have 336 sons and 284 daughters. The latter shows how exceedingly precarious must be the line of a descent from an

TABLE XVI (from Galton).—*Showing the Infertility of Heiresses.*

Number of sons to each marriage.	One hundred marriages of each description.	
	Number of cases in which the mother was an heiress.	Number of cases in which the mother was not an heiress.
0.....	22	2
1.....	16	10
2.....	22	14
3.....	22	34
4.....	10	20
5.....	6	8
6.....	2	8
7.....	0	4
Above.....	0	0
....	100	100

heiress. . . . One fifth of the heiresses have no male children at all ; a full third have not more than one child ; three fifths have not more than two."

In Galton's statement of the actual infertility of heiresses, there is observable a remarkable comparative paucity of male issue—a fact which goes, like many others, to confirm the ancient and still prevalent opinion that relative sterility or weakness of reproductive energy tends to the production of females rather than males. This department of the study of sterility I shall not enter on, the causes of the excess of females over males in all births being the subject of an extensive literature, and its relations being too numerous and complicated for advantageous discussion in this place. But I may state that I have long been impressed with a belief, in accordance with the chief pertinent facts, that the excess of female births is due to the prevalence of a degree of weakness of reproductive energy. Excess of female births is coincident with other evidences of sterility.

We have already given reasons for believing that, when a woman bears above ten of a family, she shows an unnatural or excessive amount of fertility ; and this belief is corroborated by the demonstration we now propose to give, that excessive families occur chiefly in women who are married in the sterile age, or age of weak reproductive energy characterized by absolute sterility and by morbid production, whether abortive, premature, or mature. At present, we only consider the production of mature children, and we find the unnatural intensity of fertility in the young shown by absolutely large numbers, that is, above ten ; while, in the elderly, it is shown by rapidity of births or intensity of fertility, so long as it lasts ; and we may here remark that it has been elsewhere proved that, for such women as begin childbearing

late in life, there is a prolongation of the period of fertility beyond the average age of ceasing to bear, not a prolongation, as estimated from beginning to end, of actual childbearing.

That the fertile younger are more fertile than the fertile older is shown by the following table of data derived from St. George's-in-the-East. That the

TABLE XVII.—*Showing the Fertility of Mothers Married at Different Ages.*

Years elapsed since birth of first child.	Average number of children to each marriage formed at ages.			
	16-20.	21-25.	26-30.	31-35.
10.....	5.05	4.51	4.42	3.44
20.....	7.68	7.01	6.43	3.00
30.....	8.41	7.89	6.80	7.00
40.....	10.85	8.24	5.00	4.00

younger fertile have a longer perseverance in fertility than the fertile older is shown by Table XVIII., de-

TABLE XVIII.—*Showing the Amount of Continuance in Fertility of Wives Married at Various Ages, as Shown within Twelve Months.*

Age of mother at marriage...	15-19.	20-24.	25-29.	30-34.	35-39.	Total.
The number child-bearing in the fifth year of married life is 1 in	2.6	2.7	4.1	4.9	10.5	3.2
The number child-bearing in the tenth year of married life is 1 in	3.2	4.0	5.9	8.7	....	4.4
The number child-bearing in the fifteenth year of married life is 1 in	4.6	6.8	18.2	37.4	...	8.0
The number child-bearing in the twentieth year of married life is 1 in	8.5	14.6	129.8	....	....	16.3
The number child-bearing in the twenty-fifth year of married life is 1 in	68.0	480.5	....	....	....	171.0

rived from my work on "Fecundity." That the unnatural intensity of fertility in women bearing large families begins with the commencement of childbearing, is shown by Table XIX., from Ansell,

TABLE XIX. (from Ansell).—*Showing Intensity of Fertility in Mothers of Families of Different Numbers.*

In families consisting of the under-mentioned numbers of children.	Interval between the marriage of the parents and birth of the		
	1st child.	2d child.	3d child.
	Years.	Years.	Years.
1, 2, or 3	1.78	4.84	7.38
4, 5, or 6	1.37	3.32	5.49
7, 8, or 9	1.18	2.82	4.68
10, 11, or 12	1.05	2.54	4.15
13, 14, or 15	1.06	2.40	3.81
16 or more	0.96	2.15	3.47

which demonstrates the rapidity, only up to the birth

of the third child, in families of various numbers. Up to the third birth, the rapidity is twice as great in families of sixteen or more as in families not above three; and it is easily counted that, while the small families came slowly, and the excessive families quickly, the families from seven to twelve came nearly at the average rate of one every eighteen months. That the unnatural rapidity of childbearing in excessive families continues throughout childbearing life is shown clearly by Tables IV. and V. In my table, the quickest childbearing is every ten months, the family being nineteen in number. In Ansell's table, the quickest is every fifteen months, the family being eighteen.

Lastly we show, by a table framed from the Edinburgh and Glasgow data, that the wives beginning fertility at advanced periods of life have an unnatural intensity of fertility while it lasts, a greater intensity than that of women married and beginning to childbear at the best ages. (See Table XX.)

TABLE XX.—*Showing the Intensity of Fertility in Wives Mothers of Different Ages.*

Duration of marriage.	Mother's age.						
	15-19.	20-24.	25-29.	30-34.	35-39.	40-44.	45-49.
Under five years	1.128	1.519	1.825	1.844	1.827	1.698	1.200
Five years and under ten	2.500	3.190	3.750	4.048	4.085	3.792	4.000
Ten years and under fifteen .....	....	5.333	5.453	5.903	6.197	5.964	6.500
Fifteen years and under twenty .....	....	....	6.000	....	7.914	7.993	8.435
Twenty years and under twenty-five	...	...	...	7.000	9.396	9.718	10.528
Twenty-five years and under thirty .....	....	....	....	....	....	12.368	13.600
Thirty years .....	....	....	....	....	....	....	13.000

This table reads thus: To take the second row of figures—fertile women five years married and under ten have, if they are now from fifteen to nineteen years of age, 2.5 children; if now from twenty to twenty-four years of age, 3.19 children; if now from twenty-five to twenty-nine years of age, 3.75 children, and so on.

Multiparity is a term already well recognized as implying that the subjects of it have had two or more pregnancies and births; but a woman may bring forth two or more children at once, and to this condition we apply the term pluriparity. The most common degree of pluriparity is the production of twins, these occurring about once in every eighty pregnancies. Triplets and higher numbers are very much rarer, and the rarity increases with the number.

Chiari, Braun, and Spaeth, have given good evi-

dence that abortions are comparatively more frequent in plural than in ordinary pregnancies. M'Clintock, founding on large experience, shows that hydramnios is also common. Acephalous monsters are found only in plural pregnancies. Monstrosities of all kinds are commoner in plural than in ordinary pregnancies. There are more dead-born children in plural pregnancies. The children born alive in plural pregnancies are more difficult to rear. "The proportion," says Ansell, "of infants that are still-born or die soon after birth is, in the case of males nearly five times, and in the case of females nearly four times, greater in multiple than in single births."

Subsequently, we shall adduce evidence that pluriparity is specially associated with idiocy and imbecility of the children, and that it specially affects the sterile ages, or ages of weakness of reproduction. Excessive family, that is, above ten in number, specially affects the same ages, and is dangerous to the lives and injurious to the health of both mothers and children. Both have therefore an alliance with sterility.

In a case of quintuplets the mother's age was forty and the pregnancy the tenth. In seven cases of quadruplets the age of the mother was given in six, and the mean is twenty-seven; the number of pregnancy was given in six, and the mean is nearly three. The ages were nineteen and twenty with first pregnancies; twenty-five with third pregnancy; thirty with number of pregnancy not stated; thirty-two with a fifth pregnancy; and thirty-five with a fourth pregnancy. In one case of second pregnancy the age of the mother was not given. From a great variety of sources I have collected forty-three cases of triplets (and of these I give in the subjoined tables some account). (See Table XXI.) In forty cases the age of the mother is given, and the mean is thirty.

TABLE XXI.—*Showing the Ages of Mothers in Forty Cases of Triplets.*

Age of mother.	19	20	23	24	25	27	28	29	30	31	32	33	34	35	36	37	38	44
Number of cases	1	3	1	2	4	2	2	1	6	1	1	1	1	6	2	2	3	1

In forty-one cases the number of the pregnancy is given, and the mean is four. (See Table XXII.)

TABLE XXII.—*Showing the Number of Pregnancy in Forty-one Cases of Triplets.*

Number of pregnancy.....	1	2	3	4	5	6	7	8	10	11	12
Number of triplets.....	8	8	12	2	2	2	3	1	1	1	1

It is naturally expected that our best evidence should be derived from twins; but while this is really so, we have, even in these cases, to deplore the inadequacy of the data in point of number. I have not at present sufficient time at my disposal to enter

into the details of the production of twins, and for these I refer you to my work on "Fecundity." It is there shown that the frequency of twins increases with the age of the mother and with the number of the pregnancy, the very early ages of the mothers and the first pregnancy forming exceptions to the rule.

In a paper by Arthur Mitchell, published in the *Medical Times and Gazette* (November 15th, 1862), he shows that twins are peculiarly liable to be imbeciles or idiots. The conclusions of Mitchell's paper are so pertinent to the present subject, that I quote them here at length. "1. Among imbeciles and idiots, a much larger proportion is actually found to be twin-born than among the general community. 2. Among the relatives of imbeciles and idiots, twinning is also found to be very frequent. 3. In families, when twinning is frequent, bodily deformities [of defect and of excess] likewise occur with frequency. 4. The whole history of twin births is exceptional, indicates imperfect development and feeble organization in the product, and leads us to regard twinning in the human species as a departure from the physiological rule, and therefore injurious to all concerned. 5. When we pass from twins to triplets and quadruplets, everything we know regarding these latter gives support to the general conclusions in question."

Besides these accumulated dangers and disasters to the children produced in plural pregnancies, we know that plural pregnancy is dangerous and disastrous to the mothers. The trivial and the graver disorders of pregnancy are more common in pluriparous than in uniparous women, and the disasters and deaths in childbirth and in childbed are also more numerous in the pluriparous than in the uniparous. Nothing can be better demonstrated than that woman is naturally or normally uniparous, and that pluriparity is an unnatural or abnormal condition connected with sterility by being observed in the sterile ages, or ages of weakness or imperfection of reproductive power. It does not imply the desirable productiveness of health and vigor, but the reverse.

Pluriparity in a population, then, is not an indication that its social condition is as it should be. It shows, according to its amount, that marriages take place too early or too late in life; and it may be predicated of such a population, that it has a correspondingly large maternal and infantile mortality, and that the reared children are not of the finest. While woman is normally or physiologically uniparous, like the mare and cow, many of the other domestic animals are normally or physiologically pluri-

parous, as the dog, the rabbit, and the sow; and the fertility of most birds is a sort of pluriparity.

In the uniparous animals, pluriparity is rare in various degrees in the different kinds; but the extreme rarity in some, as in the mare, may to some extent depend on the circumstance that, in general, only the finest specimens at the most suitable ages are allowed to exhibit their fertility. Little, indeed, is known about them with the exactness desiderated with a view to comparison with woman; yet we may safely assert that, among breeders of horses and cattle, the production of twins is, with a view to their interest in both mother and offspring, not looked upon with favor.

In the sheep, there is such a frequency of twins, and even of triplets, that there may be some hesitation in classing it with uniparous mammals.

In the pluriparous animals, on the other hand, uniparity is uncommon, and pauciparity is an indication of reproductive weakness or imperfection, while a just degree of pluriparity is natural or physiological. "It is remarked," says Spencer, "by Buffon, that when a sow of less than a year old has young, the number of the litter is small, and its members are feeble, and even imperfect."

The domestic hen, in its fertile career, admirably illustrates the rise and decline of pluriparity, and the variations are in accord with the great law of age, which holds good in women and in all living beings. Its first and its last productions are small in size, and are believed to be peculiarly liable to be addled or without yolk, or to be otherwise incapable of being hatched. In its first year, according to Geyelin, it produces only 15 or 20 eggs; in its second, 100 or more, up to 120; in its third year, from 120 to 135, and here the climax of fertility is reached; in its fourth year, it produces from 100 to 115; in its fifth, from 60 to 80; in its sixth, from 50 to 60; in its seventh, from 35 to 40; in its eighth, from 15 to 20; in its ninth, from 1 to 10. The fertility rises quickly to its summum in the third year of life, and more slowly fades to its disappearance in the tenth year of life.

In like manner, the bitch and pig begin their fertile course with a small number, which year by year rapidly increases; and, after a few years, whose number I cannot give, again decreases, till fecundity disappears, this last production being often a premature or dead fœtus. The pluriparous animal has its best young when its progeny is most numerous. The best young may be so described, as in pups, on account of their intelligence, docility, or special talents; or they may, as in a litter of pigs, be best because they are large and easily made to grow to

great bulk or weight. In the case of the bitch, it is impossible to reduce to an exact statement the value of pluriparity, but it is no doubt very great; and, while it is the case that, when most in number are produced there is also most in weight, the statement of weight of the pups gives no idea of their value. In a litter of pigs, the value of pluriparity is a simpler matter, being estimated almost entirely by weight and capability of rapid growth; and both may be very well stated in figures.

The uniparous mare has a foal, which may be valued partly for bulk, especially if it is to do rough, heavy work; but the bulk of a foal bred in the racing stud is a matter of comparatively little moment; and I dare say all will agree that the nobler the breed of horses, or the higher the qualities expected in them, so is bulk in the foal of less and less importance, and so also is pluriparity less and less desirable.

We have already used estimates of weight and length of single children as indications of fertility in woman; and, if weight and length of twins were a test of paramount import, then twinning would, correspondingly, denote fertility, as 12 lb. exceeds $6\frac{1}{2}$ or 7 lb. But there are higher qualities than the combined weights and lengths, and it is these higher qualities that are deficient in twins. Weight and length are valued merely as indications of general health and full development of individuals, not of twins.

Pluriparity in uniparous animals is rare, and for its study great accumulation of instances is required; and knowledge regarding it in these animals is tardily gained. Pluriparity in some common domestic animals is an every-day matter; and, without any deliberate study, its variations strike even the obtuse—a class often specially sensible of the pecuniary advantages of the higher degrees of pluriparity. It is the striking characters and advantages of high degrees of pluriparity in pluriparous animals that have led to the general adoption of the erroneous opinion, that pluriparity, even in the uniparous animals, as in woman, is an unqualified sign of fertility.

In pluriparous animals, and specially in the common hen, the quick rise and more gradual decline of fecundity is plainly observed; the climax in the hen, as in other pluriparous animals, being marked by the highest number of annual production, or in a single brood or litter. In woman, there is the same kind of variation; but in her it is a decline from occasional pluriparity to the production, with due intervals, of the best kind of single births; and the rise is back again to occasional pluriparity, and hurry of births one after another.

In the common hen, the rise to the climax occupies three years of life, and the more gradual decline occupies six years, according to Geyelin's data, already given. In woman, the decline to the lowest, if we count roughly, from fifteen to twenty-five years of age, occupies ten years, and the more gradual rise, from twenty-five to forty-five, occupies twenty years. In the hen, the rise is from 15 to 135, and the decline from 135 to 1. In woman, the decline is from about 1.02 to 1, and the rise again to about 1.02. There can be little doubt that a similar rise and fall, or fall and rise, are to be found in the history of the fertility of other living things. The curve of this climax and anti-climax is not a part of a circle. Dr. Routh, in a valuable paper on "Procreative Power," published in the *London Journal of Medicine* for 1850, describes this curve, representing what he calls the inclination of procreative power, and thinks the circle is perhaps the nearest that could be selected; but the circle cannot be made to represent the figures on which he relies.

He makes the age of greatest fecundity in woman twenty-six, and the climax and anti-climax may be partially indicated by the following figures, which he gives: At fifteen years of age, the figure is 22; at twenty, it is 82; at twenty-six, it is 100; at thirty, it is 92; at thirty-five, it is 74; at forty, it is 54; at forty-five, it is 39.

In leaving the subject of twins, it is natural to refer to malformations and monstrosities as showing weakness or disorder of the reproductive powers, but on this point I have no good detailed evidence to adduce meantime. Yet it is well known that a great body of opinion is in favor of the view, and there are many facts pointing in the same direction. In the course of these lectures, I have frequently mentioned such opinions and facts, but the subject is well worthy of special study. Here I would only refer to the frequent combinations of idiocy and malformation, of idiocy and twins, of idiocy and premature or post-mature maternity, of malformation and twins, of interbreeding and malformation, of interbreeding and sterility, as combining to form an argument that may, if worked out, be found to be conclusive on this question.

Experiments in producing malformations and monstrosities in the common fowl have been very fruitful in results, and demand caution in judgment as to the potency of such influences as age of the mother. Especially interesting in this view is the recent discovery of Dareste that mere delay of incubation, in the case of the eggs of the common fowl, is a cause of malformation in the chick.

PROCEEDINGS OF SOCIETIES.

NEW YORK ACADEMY OF MEDICINE. The President, Fordyce Barker, M.D., LL.D., in the Chair.

After the reading and acceptance of various reports, Dr. Edward L. Keyes read a memoir upon his late friend and teacher, William H. Van Buren, M.D., LL.D.

Resolutions commemorative of the life, character, and death of Dr. Van Buren, and expressing deep sympathy with his bereaved family and friends, were drawn up by Dr. Austin Flint, Sr., and read by Dr. Austin Flint, Jr. These were seconded in a few well-chosen words, by Dr. Alfred C. Post, in response to a call from the Chair, and were unanimously adopted by the Academy.

The paper of the evening was by Dr. Beverly Robinson, entitled "A Clinical Study of the Action and Uses of Caffeine and Convallaria Maialis as Cardiac Tonics."

Until very lately, many of us were accustomed to regard digitalis as the essential, nay, almost the only real stimulant or tonic of the heart. True it is, we consider alcohol a powerful stimulant, and incidentally recognize that it gives the heart renewed power.

In ether and ammonia, we have also diffusible stimulants of considerable value, but their action is evanescent, and is not to be relied on if a continued or specific effect upon cardiac contractability is required.

In iron, quinine, and nux vomica, or its alkaloid strychnine, we have three very powerful corroborants. They restore appetite, make blood of better quality, add to muscular vigor, and rehabilitate, in a notable degree, the general system.

In coca, also, we have a powerful stimulant to the economy, that frequently will strengthen or give tone to the nerves in a rapid manner, that no other drug with which the author of the paper was familiar can accomplish.

In belladonna we have the only drug which has hitherto taken the place, even in a moderate degree, of digitalis in its direct tranquillizing, and at the same time strengthening, effect upon the heart. But belladonna appears to influence especially the cardiac plexuses and intra-cardiac ganglia, and to give immediate power to cardiac muscular fibres, as digitalis does.

Within the past year, two new drugs have claimed our attention as cardiac tonics: caffeine and *Convallaria maialis*, or its glucoside, convallamaria. The object of the paper was to present what was actually

known in regard to the nature, action, and uses of these agents, and also to accompany this with records of some personal cases, and the obvious deductions which can be made therefrom.

Caffeine, or citrate of caffeine, as it is improperly termed, is no new remedy, but not until after the labors of Gubler and other therapeutists was the attention of the medical profession specially directed to it as a cardiac tonic and regulator. Over digitalis it has certain evident advantages: 1. It has no tendency to cumulate in the economy, and hence to occasion poisoning effects. 2. It acts with greater rapidity than digitalis. In cases of asystolism, when life is imminently endangered, this property may be of great value. 3. It rarely or never disagrees with the stomach. Four illustrative cases occurring in the practice of Dr. Robinson were then cited in detail.

The second part of the paper was devoted to the Lily of the Valley, or *Convallaria maialis*. This drug had been known for many years, especially its purgative quality, which was similar to aloes and scammony. The conclusion of Ott, in his investigations upon the physiological action of *Convallaria maialis*, were given in full, together with a synopsis of the views of the principal previous writers on the subject. Dr. Robinson then detailed his personal experience with the drug as a cardiac tonic, and gave the detailed histories of eight cases in which cardiac debility was a marked symptom.

Convallaria, possibly, was a stimulator of the cardiac muscles in its first period of action, while its after-effect may become of a paralytic order. Further, it is, after the manner of digitalis, a stimulator of the medullary inhibitory centres. In this latter action, no doubt, resides its special power to control dyspnoea and the symptoms of purely functional heart disorder, particularly paroxysmal palpitation and rapid and irregular heart action dependent upon debility (Trideau). It was further probable that *Convallaria maialis* is more potent in its action upon the pneumogastric trunks than it is in its direct influence over the cardiac muscular fibre.

A summary of cases seemed to show:

1. In caffeine and convallaria we have two efficient heart tonics.
2. Diuretic action of caffeine is more marked than that of convallaria.
3. Convallaria is well borne by the stomach of most patients suffering with chronic cardiac disorders.
4. When not well supported, rejection of medicine by the stomach is probably due to the uræmic condition already commencing.

5. As cardiac tonics, it is difficult, as yet, to assign a decided superiority to either of these drugs, they both giving increased cardiac power.

6. Cumulative effects do not occur from their continued use during a period of ten days or more.

7. Their power of restoring the rhythm to the cardiac pulsations and increasing the bulk of urine is not equal to that of the infusion of digitalis.

8. In the latter drug we have still the most efficient heart tonic and regulator which has been discovered.

9. Digitalis is a more powerful diuretic than caffeine.—*Medical News*.

ORIGINAL CORRESPONDENCE.

AUDI ALTERAM PARTEM.

THE ASSOCIATION FOR PREVENTING THE RE-ENACTMENT IN THE STATE OF NEW YORK OF THE PRESENT CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.

To the Medical Profession of the State of New York :

When a considerable number of the members of a learned and liberal profession believe that the rules by which their relations to their colleagues and to the public have hitherto been regulated, have been injurious to the profession and to the community, it is clearly their right and duty to labor for the abolition of such rules and to state the reasons why they should no longer be enforced.

The Code of Ethics of the American Medical Association, which is now in force, is identical with that which was in force in the Medical Society of the State of New York, and which was abolished at the annual meeting of that society in February, 1882. It appears from the proceedings which led to the abolition of the code in the State of New York, that there had been a gradually increasing conviction among its members, that some of the provisions of the code were arbitrary and illiberal, and that a larger liberty should be granted the members of the Society in the performance of their professional duties. After a full discussion of the subject, a vote of the Society was taken, and by a constitutional majority the old code was abolished, and a new one was enacted in its place. Among those who voted for the substitution of the new code for the old one were many members who preferred the abolition of a specific ethical code, considering any written code as unnecessary for the guidance of an honorable and learned profession. But the members who took this view of the subject were willing to unite with those who were less radical than themselves, in or-

der to secure the abandonment of the most obnoxious features of the old code. At the annual meeting of the Society in February, 1883, a strong effort was made by the advocates of the old code to undo the work of the previous year and to re-establish in this State the code of the American Medical Association. For this purpose no exertions were spared to secure the election of delegates who were in favor of the proposed retrograde movement. But the efforts which were then made failed to secure the votes of even a majority of the members of the Society : a two-thirds vote being necessary.

It is well-known that a strong effort is now being made, even by coercive measures, to secure in advance such a representation at the meeting of the Society in 1884, as will undo the work which was done in 1882 and 1883. Believing that such action would be injurious to the honor, dignity and usefulness of the profession, and to the best interests of the community, we earnestly entreat the members of the profession to give the subject their serious consideration, and to use all legitimate means to prevent the re-enactment of the present code of the American Medical Association by the Medical Society of the State of New York. It appears to us to be particularly important to preserve to each physician perfect liberty to decide with whom he shall act in order to secure the best interests of the sick and the honor of his profession.

The arbitrary rules which have controlled to so large an extent the actions of medical men, and which were originally designed to defeat the efforts of irregular practitioners to gain influence with the community, have signally failed to accomplish the object in view. These rules have not commanded the respect of intelligent men in other professions. They have been regarded as belonging to the same category as the rules by which the various trades-unions have infringed upon the individual liberty of their members, subjecting those who resisted the arbitrary action of the majority to the greatest indignities, pecuniary losses, and even personal sufferings and dangers. We call upon all physicians to unite with us in freeing the profession from this stigma, and in giving to all its members perfect liberty to practise their art in accordance with the dictates of their own consciences, and with the enlightened opinion of intelligent men who are engaged in other pursuits.

A. C. POST, M.D., *President*.

F. R. STURGIS, M.D., *Secretary*.

DR. W. W. POTTER, Buffalo.

" JAS. D. SPENCER, Watertown.

" B. F. SHERMAN, Ogdensburg.

- DR. W. C. WEY, Elmira.
 " W. H. BAILEY, Albany.
 " EDWIN HUTCHINSON, Utica.
 " E. V. STODDARD, Rochester.
 " L. S. PILCHER, Brooklyn.
 " J. S. PROUT, Brooklyn.
 " A. H. SMITH, New York.
 " C. R. AGNEW, New York.
 " A. L. LOOMIS, New York.
 " J. L. LITTLE, New York.
 " H. B. SANDS, New York.
 " R. F. WEIR, New York.

Committee on Organization.

On behalf of the Association for Preventing the Re-enactment in the State of New York of the present Code of Ethics of the American Medical Association, I respectfully request your Signature to the accompanying Postal Card, which I beg you will mail to the Secretary at your earliest convenience.

ALFRED C. POST, M.D., *President.*

We, the undersigned, are opposed to the present Code of Ethics of the American Medical Association, and approve of the use of all honorable means to prevent its re-enactment in the State of New York :

C. R. Agnew, W. T. Alexander, W. C. Ayres, G. M. Arnold, D. H. Agan, John Alsdorf, Geo. W. Allen, E. Anthony, W. R. Birdsall, H. J. Boldt, E. Bradley, C. A. Bucklin, M. F. Bissell, J. A. Booth, Franklin Bennett, N. E. Brill, M. N. Baker, G. Bacon, E. S. Bates, R. O. Born, S. S. Burt, A. Brinckman, R. C. Brandeis, J. H. Billings, C. L. Black, F. A. Castle, T. M. B. Cross, W. Rockwell Chichester, John L. Campbell, Thos. Courtney, Palmer C. Cole, Andrew F. Currier, William C. Campbell, W. M. Chamberlain, H. E. Crampton, George Cleary, W. F. Cushman, W. D. Crosby, R. Campbell, H. B. Conrad, S. Henry Dessau, E. W. Derby, J. F. Duffield, F. E. D'Oench, Fred. R. S. Drake, F. H. Dillingham, C. J. Dumond, Alexander Duane, W. H. Draper, Edward J. Darkin, B. F. Dexter, J. B. Emerson, G. A. Evans, T. A. Emmet, B. McE. Emmet, Alfred Friedman, G. A. Farwell, Geo. H. Fox, Wm. Frothingham, R. M. Fuller, W. E. Forest, Frank P. Foster, — Field, F. L. Fischer, W. F. Fluhrer, Le Roy Gale, A. G. Gerster, J. H. Gunning, H. J. Garrigues, D. H. Goodwillie, E. Gruening, Henry Griswold, H. Goldmann, C. E. Grovesteen, William A. Hammond, John Hurdfield, Chas. E. Hackley, A. Had-den, A. S. Heath, O. P. Honneggar, L. E. Holt, W. L. Hardy, U. G. Hitchcock, A. S. Hunter, Chas. Hunter, F. Huber, A. Heilbrun, J. A. Hegeman, W. F. Holcombe, L. H. Hunt, Frank J. Ives, A. Jacobi, Samuel M. Johnson, H. D. Joy, W. C. Jordan, Laurence Johnson, M. P. Jacobi, S. S. Jones, C. W. Jacoby, — Kimball, D. F. King, H. Knapp, J. T. Kennedy, Francis P. Kinnicutt, A. L. Loomis, A. V. B. Lockrow, J. L. Little, A. Liautard, H. G. Lyttle, Charles Carroll Lee, Alexis M. Leon, James E. M.-Lordley, Frank Livermore, C. A. Loring, J. M. Lang, Edward W. Lambert, Johann H. Mennen, J. L. Morrill, C. S. Mack, A. B. Middlebrook, R. Mollenhauer, F. A. McGuire, William M. McLaury, J. Messenger, S. J. McNutt, R. J. McGay, W. Oliver Moore, A. W. Maynard, N. G. McMaster, A. E. McDonald, J. C. Miller, H.

Marion-Sims, P. A. Morrow, T. A. MacBride, J. E. Noble, Miles H. Nash, Albert S. Newcomb, William Newman, Truman Nichols, T. J. Naughton, J. H. Nesbitt, Isaac Oppenheimer, F. M. Odell, E. L. Pardee, Alfred S. Purdy, R. B. Prescott, A. E. M. Purdy, William H. Porter, John C. Peters, H. G. Piffard, S. D. Powell, Alfred C. Post, George A. Peters, Howard Pinkney, T. R. Pooley, E. L. Partridge, J. S. Prout, E. S. Peck, L. S. Pilcher, — Remson, E. B. Ramsdell, A. D. Rockwell, A. L. Ranney, S. W. Roof, Meyer L. Rhein, N. S. Roberts, A. R. Robinson, J. H. Ripley, D. B. St. John Roosa, C. C. Rice, F. C. Robinson, William Stephens, F. Le Roy Satterlee, F. R. Sturgis, Newton M. Shaffer, Samuel Sexton, Louis L. Seaman, E. C. Spitzka, Thos. E. Satterwaithe, R. E. Swinburne, L. Stern, W. Schoonover, Geo. M. Schweig, Reuben Smith, A. H. Smith, H. B. Sands, H. G. Schirmer, Robert Stewart, L. A. Stimson, T. K. Tuthill, A. B. Townshend, J. O. Tansley, R. S. Tracy, W. H. Thomson, A. Vockenburt, Wm. H. Van Wyck, M. R. Vedder, Francis Valk, C. D. Varley, John Vanderpoel, W. H. Vermilye, S. O. Vanderpoel, C. A. Von Ramdohr, W. E. Wheelock, Guy F. Whiting, F. H. Wilcox, David Webster, John S. Warren, J. G. Weber, Clinton Wagner, W. Gill Wylie, E. P. Williams, J. V. S. Woolley, A. Woodcock, M. A. Wattles-Faunce, G. S. Winston, E. Waitzfelder, F. H. Wiggan, J. E. Winters, F. M. Weld, C. E. Young, S. G. Armor, Brooklyn, J. S. Prout, Brooklyn, Thos. Joye, Brooklyn, A. Mathewson, Brooklyn, A. J. C. Skene, Brooklyn, W. M. Thallon, Brooklyn, F. E. West, Brooklyn, B. F. Westbrook, Brooklyn.

COMMENTS.—While this JOURNAL was always strongly opposed to the agitation of this subject, by what is, at most, but a mere faction of the Profession in this State, and while the JOURNAL deplores the action so far taken, and which has placed the chief Corporate Medical Society of this State in just professional Coventry, it gives place with pleasure to this appeal. If there is any merit, or correct reasoning, or sound judgment displayed in it, the fact is, however, not evident to the editor.—E. S. G.

MISCELLANEOUS.

FEMALE HALLUCINATIONS.—Recent circumstances [the case of Lady Florence Dixie] have directed attention to certain remarkable delusions to which females of unstable nervous equilibrium are subject, either through hysteria or through similar disorders of the nervous system. Charcot and Bourneville give instances of the extraordinary self-deceptions that are frequent among hysterical patients. Dr. Legrand du Saulle, physician to the Salpêtrière, Paris, describes in his standard work, "Les Hystériques," some remarkable cases of hallucination, where females labored under the belief that they had been struck or stabbed by others, even after having

inflicted blows and wounds upon themselves. In one instance a young woman was found by her husband lying on the floor of her room in a fainting-fit, her face covered with blood. On reviving from her swoon she stated that she had been attacked by armed men; the Paris newspapers related the case, and within three weeks two similar events occurred in the French metropolis. All these cases proved to be fabricated by the supposed victims. A young girl wounded herself slightly with a pistol. She gave the police authorities the most minute details about an imaginary assassin, who, according to her account, fired the weapon, but she was found to be highly hysterical, and it was proved that she had wilfully wounded herself. In a third case in Dr. du Saulle's experience, a young woman was found in a railway carriage, stabbed in the left side. The incident caused great excitement, but it was proved, contrary to her assertions, that she had inflicted the wound herself, and was a hysterical subject. A housemaid was found lying behind a door, bound, gagged, and covered with bruises. She stated that she had been brutally attacked by two burglars with blackened faces, but she was a highly hysterical woman, and there appears to have been strong evidence that she had contrived to tie her own hands, and to gag and bruise herself. Perhaps the strangest case of all occurred in M. Tardieu's practice. A young lady, living at Courbevoie, wished to make herself an object of public interest by passing as a victim of a political conspiracy, which she pretended to have discovered. One night she was found in a state of the greatest mental perturbation at the door of her apartment. She could not talk, but stated in writing that she had been attacked outside her own house by a man, who had attempted to garrote her, at the same time striking her twice with a dagger. Only the lady's clothing was injured, and the body of her dress and her corset were found to be cut through, but at different levels. She tried to make out that the attempt at strangulation had caused dumbness. M. Tardieu remarked in her hearing that this infirmity rapidly disappeared when produced under circumstances of this kind. She soon managed to regain her speech, and in a short time admitted that the whole narrative had been developed out of her inner consciousness. Eccentricity in relatives is ever strongly presumptive of self-deception when a female makes any statement or charges of ill-treatment of any kind. The constant fear of assassination, especially if based on reasonable grounds, is particularly liable to predispose nervous or excitable subjects to extraordinary delusions of this kind.—*Brit. Med. Jour.*

ADDISON'S DISEASE.—The latest contribution to the above subject consists in a concise essay by Dr. Burger, of Bonn (*Die Nebennieren und der Morbus Addisonii*, Berlin, Hirschwald), in which an inquiry based upon the chief literature on the subject is made into the assumed connection between disease of the supra-renal capsules and the phenomena of Addison's disease. The anatomy, physiology, and morbid anatomy of the adrenals are first discussed, and then follows an exact description of Addison's disease, concluding with a review of the facts and arguments which point to the abdominal sympathetic as the source of its symptoms. The writer sums up as follows: That structurally the adrenals should be classed with the blood-vascular glands, and they are not necessary for life. They have no connection with the cutaneous bronzing of Morbus Addisonii; a pigmentation which is not peculiar to that affection, since it may be present in very different forms of cachexia. Diseases of the adrenals are not uncommon and they very often run their course without producing the phenomena of Addison's disease. In Addison's disease the most varied forms of adrenal affection may occur; but when supra-renal disease is present it does not contribute to the symptoms of Addison's disease, which depends upon an affection of the semi-lunar ganglia and solar plexus. This nerve change is generally brought about by disease of the supra-renals, the most frequent form of which is tuberculous inflammation. But the affection of the semi-lunar ganglia and solar plexus may be equally induced by disease of other organs, and may further arise spontaneously, so that the symptoms of Addison's disease may be produced apart from any change in the supra-renal capsules. In the main these results are consonant with our present knowledge of the pathogeny of this remarkable disease; the point which seems most open to question being that many kinds of morbid change of the supra-renal capsules may be found associated with Addison's disease. We had thought that evidence was overwhelming in support of the fact that when supra-renal disease is present it is of the kind which the writer admits to be most frequent—viz., a form of tuberculous inflammation.

AN EARLY RECORD OF HOSPITAL SUNDAY.—Readers of the *Lancet*, having a special knowledge of the more recent institution of Hospital Sunday, will be interested to know that proof has been found of such a project being in actual operation more than a century ago, and this in the, then, small city of Aberdeen. It appears that the minute-book of the Aberdeen Infirmary containing the entries from 1758

to 1767 has been missing since 1857, and was then advertised for. The volume has now been discovered in the infirmary safe ; but was wrongly labelled, and hence so long unnoticed. The clerk has pointed out that the volume now recovered contains the minutes of April, 1763, under which the Kirk Session and Synod of Aberdeen had appointed that an annual collection for the infirmary be made in the churches on "the first Lord's day of January, 1764, and every succeeding year." The committee expressed satisfaction at the finding of the minute-book, which will be generally looked upon as a most interesting relic.—*Lancet*.

CHARLES S. GOODRICH, M.D.—Dr. Charles S. Goodrich died at his home in Brooklyn, March 28th, after a protracted illness. He was born in Pittsfield, Mass., in 1803, and was the son of the Rev. Charles Goodrich and the grandson of Judge Goodrich, whose family were the first white settlers in Pittsfield.

MEDICAL NEWS.

THE CROTON WATER.—The people of New York have seldom had reason to complain of the quality of their drinking-water ; the general conviction is that it is good, what there is of it. It is reëssuring, however, to have this impression confirmed by chemical examination, and to be able to record, on the authority of Professor Leeds, of the Stevens Institute, that the nitrate-of-silver actinic test produces comparatively little coloration of the Croton water ; decidedly less than in some of the rural streams near New York.

DR. TANNER'S RIVAL.—*Jamestown, N. Y., April 21.*—Dr. H. S. Tanner, whose abstinence from food for forty consecutive days in 1880, in New York, caused so much astonishment, is now a resident of this city, where he is engaged in the practice of his profession and in manufacturing patent medicine. From him the *Times's* correspondent has learned of a case which demonstrates that a man can deprive himself of food for over fifty days and live. At the conclusion of Dr. Tanner's fast, he started West along the line of the Erie Railway on a lecturing tour. On reaching Alleghany County he was informed that a man near Cuba had been without food for fifty days, and was still alive. The doctor lost no time in calling upon his rival, who was J. F. Stewart, a former lumberman, who was in a comatose condition and given up by the physicians. Dr. Tanner took charge of the patient, and at the end of four days

Stewart had recovered consciousness, was able to move, and could eat a hearty meal.

NEUTRALIZATION OF TUBERCLE.—Dr. Vallin (*Journal de Médecine et de Chirurgie Pratiques*, February, 1883) has found, he claims, that sulphurous acid neutralizes tuberculous matter most efficaciously, and proposes to disinfect, each year, hospitals, prisons, etc. by this means.

THE managers of the Garfield Memorial Hospital have purchased a piece of property situated in the suburbs of Washington at a cost of \$37,000. The money to be realized from the sale of the Soldiers' and Sailors' Orphan Asylum property, which was appropriated to the Garfield Hospital, will be devoted to the erection of a hospital building upon the land just purchased.

AN improved cock for chemical apparatus has been invented by Mr. E. Hart. It consists of two glass tubes, the one within the other and connected by a piece of caoutchouc tubing drawn over both. The end of the narrower tube which projects into the wider one is closed at the lamp. At some distance from this end a lateral aperture is made with a file. If the narrower tube is drawn so far out of the wide one that the opening is closed by the caoutchouc tube, both are shut off from each other.

THE SALE OF PATENT MEDICINES.—In respect to the sale of patent medicines, we might advantageously take a lesson from the Japanese. We learn from the first report of the Central Sanitary Bureau of Japan, just issued, that they have established a public laboratory for the analysis of chemicals and patent medicines. The proprietors of patent medicines are bound to present a sample, with the names and proportion of the ingredients, directions for its use, and explanations of its supposed efficacy. During the year there were no fewer than 11,904 applicants for license to prepare and sell 148,091 patent and secret medicines. Permission for the preparation and sale of 58,638 different kinds was granted, 8592 were prohibited, 9918 were ordered to be discontinued, and 70,943 remained still to be reported on. The majority of those which were authorized to be sold were of no efficacy, and but few were really remedial agents. But the sale of these was not prohibited, as they were not dangerous to the health of the people. If similar regulations were put in force in this country, it is probable that the sale of several patent medicines would be put a stop to.—*English Pharmaceutical Gazette*.

A BOGUS MEDICAL COLLEGE CLOSED.—The Supreme Court, in the case of the people of the State

of New York against certain men representing the so-called United States Medical College, N. Y., has closed that college. The judgment seems to be final, as no appeal can be taken to a higher court.

THE MARYLAND MEDICAL JOURNAL (*Baltimore*), *Thomas A. Ashby, M.D., Eugene F. Cordell, M.D., Editors and Proprietors.*—Beginning with the first number of the tenth volume for May 3d, 1883, the *Maryland Medical Journal* is now issued as a weekly publication, and will appear every Thursday. Each number will contain sixteen pages double column of solid reading matter. The size and appearance of the journal will be altered to conform to the requirements of a weekly. It deserves abundant success.

A CASE OF GOITRE is reported from Pompey, New York. The victim is an American.

SCARLATINAL INSANITY.—A case of suicide from insanity, the result of scarlet fever, is reported from Tombstone, Arizona.

SURGERY AS A BEAUTIFIER.—Paris surgeons now make dimples at one napoleon each.

LITHOTOMY in a six-year-old child is reported from Milwaukee. The operation was successful.

MARKED FECUNDITY.—A London magazine for 1794 contains the following almost unique death announcement: "In childbed of her 30th child, the wife of Mr. Joseph Sims, at the Bell Inn, Cambridge, county Gloucester."

INFANT DIET IN ITALY.—Sir William Jenner says that in Italy children when not nursed are fed on a pap of boiled bread mixed with garlic and oil, washed down with sour wine and water.

DEFECTIVE CLASSES IN THE UNITED STATES.—Out of a total population of about 50,000,000 in this country, there were in 1880 a little over 250,000 people insane, idiotic, blind, and deaf and dumb. In every one million of population there were 1834 victims of insanity, 1533 idiots, 796 blind, and 675 deaf and dumb. These figures are, it will be obvious, under the mark.

THE CHICAGO MEDICAL SOCIETY elected the following officers for the current year: Dr. S. W. Graham, President; Dr. R. G. Bogue, First Vice-President; Dr. R. Park, Second Vice-President; Dr. L. H. Montgomery, Secretary, and Dr. E. F. Ingalls, Treasurer.

CHICAGO EYE AND EAR DISPENSARY.—Drs. B. Boettman and J. E. Parker have been elected assist-

ant surgeons in the eye department, and Dr. S. S. Bishop in the ear department.

BEGGING FOR NEW HOSPITALS, Henry C. Burdett says, in the *Nineteenth Century*, has become a regular trade in England. Men make a business of preparing lists of notable subscribers, whose names can be got for decoy circulars, and a steady system of begging does the rest. As a result of this, among the ninety-three hospitals in the metropolitan district, with a total income of \$2,465,000, the income of the general hospitals decreased \$180,000 in four years past, while that of the forty special hospitals increased \$75,000, and the character of the latter is steadily deteriorating.

THE UNITED STATES MEDICAL COLLEGE.—A notice was posted in the Health Department, April 13th, 1883, directing that death certificates signed by graduates of the "United States Medical College" be rejected and referred to the Board of Coroners.

At the last annual commencement of the University of Pennsylvania, the degree of doctor of medicine was conferred on ninety-nine graduates.

EDITORIAL.

FORCING THE DISCLOSURE OF PROFESSIONAL SECRETS.—The following case bearing on this subject recently occurred in Chicago: On the hearing of the petition of a lady for a divorce, a physician was called to prove adultery, and asked if he was compelled to divulge professional secrets. Whatever information he possessed of the doings of the defendant was acquired in the course of the communications which the husband made to him while consulting him in his professional capacity. Judge Moran said it was doubtful if the witness could be compelled to testify under such circumstances. The lady's lawyer stated that he could find no such exception. After consulting the authorities on the subject, the court decided that communications made by a patient to a physician were not of such a character, that the physician could decline to divulge them in a court of law; although, of course, professional ethics forever sealed his mouth outside of a court of law. The physician then gave the testimony which obtained the lady her divorce. This decision is in direct conflict with the New York statute on the subject and with numerous decisions thereon. In Illinois there is nothing but the common law on the subject, no statutory provision having been made, still such a decision is in violation of English decisions based

on common law only. The Illinois profession should have this state of things remedied at once.

GREAT MORTALITY AMONG FOUNDLINGS. — Unhappy is the lot of the infant deserted by its natural protector and cast upon the mercies of Chicago charitable institutions. Of one hundred and twenty-five foundlings admitted into the Home for the Friendless during the year 1882, no less than ninety-seven died in the institution, and several died after being given away to private individuals. For this reason the Directors of the home have decided to accept no more babies after May 1st, and as the Foundlings' Home is already overcrowded, the waifs of the doorsteps will have nowhere to go. It is evident that some immediate action must be taken for the care of these unfortunate infants, and a magnificent chance for the exertion of practical benevolence is opened to the charitable public.

SOME OF THE RESULTS OF THE NEW N. Y. CODE. — The familiar aphorism that "the fathers ate sour grapes and the children's teeth are set on edge" seems to be illustrated in its fullest truth by one of the most recent events at the N. Y. Academy of Medicine. The self-styled leaders in the new code movement legislated unwisely, and their followers are now very severe sufferers.

It appears that at a meeting of the New York Academy of Medicine, held on the 19th of April, arrangements had been made to secure the attendance of members opposed to the existing (new) code, in order to take their opponents at a disadvantage, and, by a "snap judgment," to establish a rule that nobody be hereafter admitted as a member of the Academy who is known by the Committee on Admissions to favor the New York Code, which is at variance with that of the American Medical Association.

As a result, the by-laws were by vote to be correspondingly altered. Drs. Fordyce Barker, St. John Roosa, C. R. Agnew, Cushman, and others, at once tendered their resignations. This crisis in the well-being and harmony of the Academy induced the all-powerful majority to bolt, and to take more temperate means in securing their object. A resolution was passed suspending any action in regard to changing the by-laws, and adjourning the Academy until October next. The resignations were then, of course, withdrawn, and so peace once more outwardly reigns.

The "packing" of the Academy to secure the vote mentioned was an error, which all must now see clearly and acknowledge. If there is to be a fight, it should be free, fair, and fully announced. Then

there can be a full gathering of the clans, a well-fought issue, and a fairly earned victory.

It is to be hoped, however, that before October next, the clouds in the present professional sky of New York City and State will be swept away, and that the sun of peace and science, and good-feeling and brotherly love, may shine forth brightly and warmly once more. So mote it be.

PATENT MEDICINE MEN'S SYMPTOMATOLOGY. — The *New York Times* makes the following very appropriate remarks: "A patent medicine man has frightened a good many people by announcing in big type that to want to sit down after walking all day is an infallible sign of kidney disease. There are only a few people, like Rowell, who don't want to sit down after walking all day, and most of those who feel this insidious symptom of a dangerous disease will be astonished to learn that they are not merely tired."

A STRANGE INCONSISTENCY. — The advocates of the new New York Code of Ethics say that they had not in view the profit and great money gain resulting from consultations with irregular physicians. They claim that they acted on grand equitable humanitarian convictions, and, so doing, that they challenge scrutiny and public criticism.

And yet—and yet—at the mere threat of having their names published as a guide to those physicians who wish to send patients on to New York to such physicians as are in affiliation with the profession at large, these advocates of equity, humanitarianism (and the rest of it) are so alarmed that they fly to the *New York Tribune* and to the *Medical Record* for protection and defence!

If these gentlemen have their own approval, of what are they afraid? Rather should they be glad to see their names given to the public as the names of those who are hyper-equitable and extra-humanitarian in their relation to those who need professional assistance. And if, as a rational and natural result, the physicians of the entire country send their patients to New York physicians in affiliation with the profession, the advocates of a higher humanitarianism should be more than content to suffer for their sublimated principles. Like Othello, they should endure they should with him cry: "'Tis the cause, my soul," and be proud to suffer all things, and endure all things, for justice and the right.

THE CAPACITY TO COMMAND AND AGE. — While sustained mental labors of a diversified kind is believed to be done with great difficulty after the sixty-fifth year of age, it is conceded that unified mental work

is well done until the seventy-fifth year. This fact is very well illustrated in the experience and custom of the best armies of Europe. The subject has been carefully investigated, and an instructive report made. The age of commanders in some of these armies is as follows : In Germany the average age is 67, in France it is 60, in England it is 63. Of the French, it should be said that no General of Division in France is allowed to remain in command of a corps d'armée in active service beyond the age of 65. Some of the individual ages are these : English—Lord Napier, of Magdala, 73 ; W. C. Napier, 65 ; Sir T. M. Steele, 63 ; Sir A. Horsford, 65 ; Sir Henry De Bathe, 60 ; Lord Wolseley, 50. German—Count Brandenburg, 64 ; Baron Barnekow, 74 ; Blumenthal, 73 ; Prince Albert, of Prussia, 46 ; Obernitz, 64 ; Baron Manteuffel, 74. French—Lecomte, 66 ; Février, 60 ; Wolff, 60 ; Marquis de Gallifet, 53 ; Dumont, 60.

ARE THERE INSANE ELEPHANTS?—To the zoölogist this question seems absurd, but the existence of insanity among elephants has been denied by the dilettante alienists of the London *Lancet*, who are often remarkable for their misinformation on human psychiatry and histology, and can scarcely be expected to have a speaking acquaintance with certain primary facts in comparative psychiatry. The insane elephant is so common in countries where the elephant exists as to be designated by a popular name. He is called a "rogue." In the case reported by Dr. Todd, of St. Louis (GAILLARD'S MEDICAL JOURNAL, January, 1881, p. 79), the autopsy on an elephant who suddenly became violent and destructive, having been always well behaved, revealed marked meningeal and encephalitic congestion. What were the changes found in the case of the elephant Pilot, recently slaughtered by Barnum because of insanity, are not yet known, but he was decidedly insane. The *Lancet* seems to need a good instructor in histology and psychiatry very much.

BEWARE OF THE IMPOSITION.—Attention is called to the following letter from one of the most reliable physicians in Louisiana. It will be seen in concealing from him, and others, that this new "Practice" for sale, is an eclectic work, and one which would not, on that account, be purchased by a regular physician, the transaction was, if not a fraud, certainly a base deception. It is surprising that any respectable medical journal of the regular school ever advertised it. Several did so. The offer, with a check for the advertisement, and one also of a "Practice" made up from lectures from distinguished teachers

was made to this journal. The check was returned, and the offer declined without reserve. The "Practice" of Dr. Goss has never been seen, and in all probability never will be, but when it is offered for sale to physicians, honesty demands that the publisher should state on "the card" sent to the profession that his book is an eclectic publication. If this were done, the transaction would be entirely commercial and correct, but when one fact which would certainly prevent the sale of the book to regular physicians is suppressed, this fact being that the work is an eclectic publication, the transaction is simply a swindle ; a barefaced fraud.

Dr. Goss owes it to himself and to all physicians that the facts in regard to the book should be as fully made known in all printed offers of it, as they are in his preface. Here is the letter in which the author of it describes how he was swindled:

"MY DEAR DOCTOR :

"Some months since, I received a card from a Philadelphia publishing house, informing me that they would soon issue a new 'Practice of Medicine' which would contain the pathological indications, descriptions, etc., of new remedies ; said card had printed upon it an extract from the author's preface, well written and impressive. I was charmed ; a new 'Practice,' by a Southern physician, which should treat of the new remedies recently introduced ! It was just what I desired to have above all things. I subscribed. I consider that I have been victimized. My new 'Scientific American Practice,' is before me. It is an eclectic concern written by Dr. J. J. M. Goss, A.M., of Georgia. I am disgusted. If this thing is a scientific practice, I must confess that my medical education has been sadly neglected ; and I feel very much like beginning a suit for damages against my 'alma mater' and such non-scientific teachers as Austin Flint, William A. Hammond, and others of their stripe. I write to ask you if it would be too far beneath an editor to review the 'American Practice?' By doing so you would perhaps prevent some other doctor from being victimized as I have been."

TO PHYSICIANS.—A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient. Specimen copies of the Journal will be sent to any addresses which subscribers may be kind enough to furnish—EDITOR.

GAILLARD'S MEDICAL JOURNAL

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ORIGINAL ABSTRACTS.

SUB-MUCOUS CHLOROFORM INJECTIONS IN TOOTHACHE.—Dr. Guillot (*Progrès Médical*, March 24th, 1883) claims to have had very good results in the treatment of toothache from the injection of chloroform beneath the mucous membrane of the gums. The effects are more immediate and lasting than those of morphine. There have been no resultant abscesses or inflammations.

GLYCOSURIA AFTER ABLATION OF THE MAMMÆ.—Dr. P. Bert (*Progrès Médical*) has observed that a young goat which had had its mammæ ablated, had an intense glycosuria. Some days subsequently, following a phlegmon, the sugar disappeared.

ACTION OF NARCOTICS.—Dr. Brown-Séquard (*Progrès Médical*, March 24th, 1883) believes that these substances cause sedative effects only through the production of cerebral inhibition. Opium, for example, does not produce slumber because of its hypnotic effects, but because it is an energetic excitant of the sensory nerves, from which would, in his opinion, result a clinical indication that the place of administration, as well as the dose, is an important matter. A small quantity of morphine injected below the superior laryngeal nerves, would lead to a general anæsthesia more profound than if the injection was made somewhere else.

THE IMAGINATION AND NERVE-STRETCHING.—Dr. Westphal believes the so-called results of nerve stretching in tabes dorsales are the effect, psychologically, upon the patient undergoing a great operation, which he is assured must prove successful in his case; and from the sanguine view which ataxic patients take of their condition, they are only too ready to believe themselves better if required. In corroboration of this view, Dr. Kiernan (*American*

Journal of Neurology and Psychiatry, February, 1883) cites the following case of multiple cerebral sclerosis, which had been under observation for some months: He was a man of twenty-one, well built and well nourished, and had at the age of sixteen been attacked by typhus fever; during the delirium of which he was seized by an apoplectiform convulsion; on recovery from this his right hand became "somewhat shaky," especially when he tried to use it for any purpose. This "shakiness" had at first occurred only in "spells," but became permanent, and gradually extended, until it involved the whole arm, and finally the lower extremity on the same side, also the facial muscles. He was irritable and depressed, and complained much of cephalalgia, and was addicted to the use of paregoric. The hereditary history was unattainable. He was placed under barium chloride, hyoscyamus and conium, but without any apparent effect. Dr. Kiernan was obliged to be absent from the city, and for two months lost sight of the patient. He called on Dr. Kiernan upon his return, and was markedly improved; so markedly that Dr. Kiernan was at a loss to account for it. He had gone to an irregular practitioner, who had given him a certificate that he had stretched the "posterior cord of the brachial plexus." On examining the wound it was found that a very superficial incision had been made over and parallel with the centre of the clavicle. The man had been previously etherized. The tremor hitherto existing had disappeared; the patient was able to write, which he had not been able to do since his illness; he was able to walk without being started, as had been done when Dr. Kiernan last saw him. These effects remained for six months, at the end of which time the arm tremor returned, and, to a slight extent, the impaired gait also. It may be claimed that this was merely a remission of the multiple cerebral sclerosis unrelated to the "nerve stretching," which is disproved by the rapid improvement after the "opera-

tion." There is no mechanical effect which could be produced by the simple incision over the clavicle. A derivative action is also out of the question. The psychical effect of the alleged operation was therefore all potent in producing the improvement described.

FEMALE DISEASES AMONG THE INSANE.—Dr. Rippling (*Allgemeine Zeitschrift für Psychiatrie*), in one hundred and three autopsies on insane females, found thirty-four cases having sexual affections, but the etiological relations of these findings to the mental affection were by no means settled. During life Rippling has never had under observation a pure case of reflex neurosis arising from the sexual apparatus disease. Rippling is of opinion that mental diseases and female diseases act in a vicious circle, sometimes originating each other, but always aggravating each other when coexistent.

SUDDEN RECOVERIES FROM AMNESIA.—Dr. Forbes Winslow (*Obscure Disorders of the Brain and Mind*) reports the case of a well-educated gentleman who, at the age of thirty, was, at the termination of a severe illness, found to have lost recollection of even the most common objects. On his physical health being restored he began to learn to read, then to learn Latin. One day, while reading with his brother, he suddenly stopped and put his hand to his head, and on being asked why, he said, "I feel a peculiar sensation in my head, and it seems to me I knew all of this before." From which time he rapidly recovered his faculties. A similar case is reported from New Haven: A young woman of New Haven, Conn., recovered from a spinal disease some time ago unable to recall the names of familiar objects or to play the simplest music, though she had been a skilful organist. Having still her love for music, she has been relearning the notes and practising the scales. Suddenly, the other afternoon, while drumming clumsily at the piano like any beginner, her musical memory returned, and she astonished and delighted her family by playing her most difficult pieces.

LEAD POISONING IN MUSICAL INSTRUMENT MAKERS. Dr. Napias (*Progrès Médical*, March 24th, 1883) calls attention to the existence of lead poisoning among musical instrument makers, which is due to the use of lead for soldering the tubes. Phenomena arising from this cause are often charged to the influence of copper, and are not due so much to the carelessness of the workman as to his ignorance of the material with which he works.

MICROCOCCUS OF CEREBRO-SPINAL FEVER.—Dr. Leyden (*Centralblatt für Klinische Medizin*, No. 10, 1883) has recognized the existence of an ovular micrococcus (diplococcus, etc.) in epidemic cerebro-spinal meningitis. He has pointed out a resemblance between this micrococcus and that of acute croupous pneumonia and erysipelas. The resemblance between which diseases had been pointed by him long before the question of the parasitic etiology of these diseases was raised.

EXTENSION AND COUNTER-EXTENSION.—Dr. Hennequin (*Progrès Médical*, March 31st, 1883) comes to the following conclusions respecting this important department of surgical pathology extension, an active force, counter-extension, a passive force, are automatic, mechanical, or mixed. Mechanical extension should be applied on that portion of the skeleton which is lightest and most mobile, counter-extension on the heaviest and least mobile. The means of fixation of either should be inoffensive and tolerable, and should not pass the limits of the skeletal segment from which they take their leverage. In solutions of continuity the fracture centre, and in arthritis the articular centre, are the centres of action of the motor agents. Traction should be proportionate to the amount of resistance, and applied in such a way as to render possible a valuation of its absolute as well as its necessary power. The only force of value is that used to combat essential resistance. That which is used to combat accidental resistance should not be taken into account. The essential resistance are such as are represented by muscular tonicity and cutaneous elasticity; the accidental are diverse elements such as friction of all kinds and the influence of gravity on segments in a declining position. These accidental resistances should be suppressed or diminished as much as possible and the segment submitted to extension arranged in such a way that gravity is either null in its effects, or an assistant. Extension or traction should be made by weights to the exclusion of elastic bodies, and applied in such a way as to render measurable the force transmitted to the mobile lever. Transmission of extension or counter-extension forces is generally mediate, rarely immediate. Scientific management of all treatment by extension requires a knowledge of: First, the value in weight of the force employed; second, of the force transmitted to the mobile lever; third, of the resistance to overcome; fourth, of the dispersion of force resulting from a vicious method of fixation, for it is essential that, after having experienced such losses, traction should retain enough power to overcome inevitable resist-

ance. The measurable value of accidental resistance cannot be taken into account, hence they should be eliminated. The amount of inevitable resistance is from two to four kilogrammes, hence the force transmitted to the mobile lever should never be greater than four or less than two kilogrammes. Counter extension, which should always be automatic or mixed, requires only a force equal to the traction transmitted by the soft tissues to the segment requiring immobilization.

PHENIC ACID IN TYPHOID FEVER.—Drs. Emilio and Pietro (*Lo Sperimentale*) come to the following conclusions respecting phenic acid: Phenic acid given by the rectum lowers temperature, but its action is not of long duration, and it must be frequently given. Its sole contra-indications are albuminuria and cardiac disease.

SELECTED ABSTRACTS.

DANILLO: CLINICAL INVESTIGATIONS RESPECTING THE FREQUENCY OF SEXUAL AFFECTIONS IN MENTALLY DISEASED WOMEN.—(*Der Arzt*, No. 10, 1882). As great differences exist among authorities relative to the frequency of sexual derangements in mental affections of women, the author undertook a series of examinations in the Asyle St. Anne, Paris, with the following results:

Of the entire number, 80 per cent suffered from diseases of the generative organs; the majority of these were in the sexually active period. Among the latter, the most frequent affections were acute and chronic endometritis; next to these, inflammations of the uterus and vaginal portion. In women beyond the climacteric, chronic inflammations of the uterus prevailed, senile marasmus of the uterus being left out of the consideration. During the period of sexual activity, the forms of mental disease preponderating are: melancholia, progressive paralysis, primary insanity (monomania of Spitzka), epilepsy with mental derangement, hysteria, secondary dementia, and mania; beyond the climacteric, secondary dementia, then progressive paralysis, melancholia, and primary insanity. In both classes, especially the latter, the greater number had borne children.

TRANSMISSION OF VIRULENT DISEASES FROM THE MOTHER TO THE FŒTUS.—The experiments of MM. Strauss and Chamberland (*Transactions de la Société de Biologie, Paris*) promise to be of considerable value. As our intimate knowledge of human patho-

genesis must generally be the result of analogy, and only receive its substantiation from occasional clinical opportunities, these experimenters have commenced their researches on the lower animals. The report of the first series, details the question of the transmission of those diseases, the cause of which has been proved to be a microbe or bacteride.

They find that in anthrax neither the tissues nor blood of the fœtus nor the amniotic fluid contain any trace of the bacteria. The passage of the bacillus through the placenta cannot take place at any time of the pregnancy. The mothers were enabled to live for several (four to eight) days, instead of only thirty-six hours, by the employment of an attenuated virus. Microscopic sections of the placenta and its attachment, colored with gentia violet, showed a large accumulation of the parasites on the maternal side of the placental epithelium, while the fœtal side was entirely free from them.

These experiments also prove that the relatively great size and complete immobility of the anthrax microbe often cause its accumulation in the smallest capillaries, and absolutely prevent its transit through the glandular epithelium of the special organs, so that its presence in the bile, urine, and milk can only be due to an accidental hemorrhage, while the ærobie quality of the bacillus forbids its entrance into the tissues.

This disease, then, offers an exception among the virulent diseases, as is shown by the other experiments.

The bacillus of symptomatic anthrax can, on the contrary, pass by the placenta and confer immunity upon the fœtus, and, as is already known, freely penetrates the tissues.

Chicken Cholera.—In the experiments on the rabbit, all the tissues and the products of secretion were found impregnated. The vesicles of Graaf proved as virulent as the blood. Owing to the season of the year in which these experiments were undertaken, enough impregnated fowls could not be obtained to determine with certainty if the eggs were also virulent when passing by the oviduct.

Septicæmia.—The septic vibron of Pasteur was chosen for these inoculations; these pass the placenta less readily than the virus of the two former.

Though the microbes of anthrax cannot pass from the mother to the fœtus, the reverse transmission was clearly demonstrated. With a capillary trocar, virus was injected into the fœtus of guinea-pigs, which are easily accessible, and after the short period required for the propagation and increase of the microbes the mother in every case became affected. The autopsy then showed the curious

anomaly of a virulent mother and one virulent foetus while all the other foetus were healthy.

Perhaps the future perfection of these studies will aid in solving the theory, which has been so much discussed, of the syphilitic infection of the mother without direct inoculation.—*Philadelphia Medical Times*.

SOME OBSERVATIONS ON THE BLADDER DURING THE EARLY PUERPERIUM.—Dr. Halliday Croom, after describing the relative positions and relations of the bladder and uterus in the early puerperium, proceeded to point out the influence which filling of the bladder exerted on the uterus. Firstly, he drew attention to displacement of the uterus upward and backward, taking exception, however, to the term displacement, and showing that the word displacement did not exactly convey a correct impression of what actually took place. He admitted that a certain limited ascension of the whole organ occurred, but that the real heightening of the fundus was the result of the bladder as it filled straightening the uterus, and so throwing the fundus higher up, and that the backward displacement of the uterus resulted from the intestines falling down between the uterus and the anterior abdominal wall, rendering the organ thus less easily palpated. He drew attention to the experiments of Autrefage and Depaul with the hysterometer, which supported the opinion that the alteration in the uterus was not a displacement of the entire organ, but a real heightening of the fundus. Reference was then made to the normal lie of the uterus, which the author showed was generally believed to be right lateral; but from the observations made by Börner, as well as his own, he was inclined to believe that the normal lie of the uterus was central, provided always the bladder and rectum was completely empty, and the patient flat upon her back. He then showed that the second effect of the bladder filling was to cause or increase this lateral deviation of the uterus, and he pointed out that the ordinarily accepted opinion as to the right deviation of the uterus with a full bladder, was not borne out by his own observations. He showed that the frequency of left lateral displacement of the uterus was much more common than was generally believed, and he attributes this to the fact that the bladder distended naturally to the right side during the early puerperium, and that for two reasons: First, because of the natural right asymmetry of the bladder of the parous woman, and second, because of *antepartum* conditions, namely, that during pregnancy the bladder spreads out more to the right side than to the left, owing to the left oc-

cipito-anterior position of the head. The right deviation of the uterus he attributes to—first, the natural lie of that organ during pregnancy; and, second, to the rectum; and, third, to the accident of position. The third effect of the distended bladder was to affect the rotation of the uterus, increasing the rotation where it already existed, and, in cases where the uterus was transverse with an empty bladder, bringing it about. He drew attention to these displacements being more common in the early than in the late puerperium—firstly, because of the relatively greater diuresis; secondly, because of the greater frequency of retention of urine; and, thirdly, because of the greater mobility of the uterus. In conclusion he alluded to some figures with regard to the amount of urine required to bring about these position changes, holding that while twenty to thirty ounces of urine caused these changes under certain circumstances most markedly, that these changes are not proportionately increased with double that quantity of urine.

Professor Simpson thought the paper well worthy of careful consideration, but was not very clear as to the rotation of the uterus mentioned by Dr. Croom. The uterus is twisted differently in the pregnant than in the non-pregnant state.—*From Obstetrical Society of Edinburgh Medical Press*.

TRANSLATIONS.

MEDICAL CLINIC. INFECTIOUS PNEUMONIA FROM SEWER EMANATIONS. By P. L. LE GENDRE, Interne des Hôpitaux. Translated from *L'Union Médicale* of February 8th, 1833, by H. McS. GAMBLE, M.D., Moorefield, W. Va.

Under the names of miasmatic, pythogenic, typhoid, malignant, infectious pneumonia, is understood a certain class of pneumonias which, arising epidemically with peculiar symptoms, depend most frequently upon a general state, and are distinguished from fibrinous pneumonias in which the local condition, on the contrary, constitutes the whole disease. The old authors, Sydenham, Stoll, Huxham, P. Franck, Cullen, etc., had already insisted upon the epidemic character of certain pneumonias. In our days, the doctrine of infectious pneumonia, considered in certain cases as a general disease, is represented in every country by a large number of physicians: in England, by Grimshaw, Moore, Winter Blyth, Hardwicke; in America, by Rodman; in Germany, by Jürgensen, Klebs, Cohnheim, Kunze, Friedreich; in Norway, by Dahl; in Italy,

by Burrelli, Pellizari, Ghinozzi, Banté ; finally in France, by Marrotte, Parrot, Dupré, Grasset, Bernheim, Bonnemaison and Sée. We have not forgotten the excellent lectures which the professor of Clinical Medicine at the Hôtel-Dieu has published in the *Union Médicale* upon this interesting subject. As the attention of physicians is turning with predilection toward the etiology of typhoid affections, we have not thought it unseasonable to bring to this study the very modest sum of four observations, compiled by ourselves at the hospital Salpêtrière, in the service of our excellent master, M. Legrand du Saulle. When these facts shall have been considered, you will think, perhaps, as we, that the similarity of their clinical evolution, and above all the identity of the special circumstances under which these four cases of pneumonia arose, are of a nature to throw some light upon the common cause which has determined them. During last winter and spring, considerable banks of earth were thrown up at the Salpêtrière, in order to repair and modify the sewers. Deep and wide trenches were opened in several localities about the hospital, but in no one have the excavations been so multiplied and so prolonged as in the Esquirol section ; this peculiarity is explained by the vast extent and complicated arrangement of the courts, around which are grouped the dormitories, refectories and shops. The soil was removed to a great depth ; a black and clayey earth, of an infectious odor, which surrounded the old conduit pipes eaten and fissured by the rust, was thrown up by the side of the ditches, and, subjected alternately to the rain and sun, gave off constant emanations.

Whatever care the attendants took to keep away from the works those among the epileptic or hysterical women who promenade in the courts the greater part of the day, curiosity incessantly brought them back.

The work was successively executed in the three principal courts of the section ; but, each time, the appearance of a new case of typhoid-pneumonia followed very closely the opening of a new branch of the sewer. Simultaneously a few cases of typhoid fever showed themselves, but with notable pulmonary complications, and we do not know whether it is proper to compare them from an etiological point of view with the pneumonia of which we are speaking, or not ; but, to return to this latter, it is remarkable that the patients who have been attacked with it were among those who were incessantly approaching the ditches of the sewer ; the sanitary condition remained good among the other inmates of the section who worked the whole day in the workshop.

CASE I. Right pneumonia and pleuritic effusion,

typhoid state, death, autopsy, absence of the intestinal lesions of typhoid fever.

Eugenie L., idiot, epileptic (sixteen years old), went to bed the 17th of March with an intense fever (40.5°), prostration, cough quite frequent. It had been remarked that for some days past she ate but little, and had a bad appearance ; but her mental weakness prevented our obtaining any information about the symptoms experienced by herself. Tongue dry, gurgling in the iliac fossæ, abdomen a little swollen, diarrhœa abundant and fetid. Sonorousness and vibrations nearly normal on both sides of the chest ; a few fine râles at the bases, albuminuria.

March 18th. Same general condition, cough more and more frequent, no expectoration, respiratory movements hurried. From the middle portion of the right lung to the base, resistance to the percussing finger and flat sound, respiration blowing, voice broncho-egophonic. Percussion of the spleen, always so difficult to practice, gives no precise information as to its volume, which, however, might be augmented ; temperature oscillating about 40° (C.) with insignificant morning remissions. In spite of the absence of lenticular rose-colored spots, because of the dragging début, the dryness of the tongue and the abdominal symptoms, the most probable diagnosis seemed to be typhoid fever with pleuro-pneumonia. The treatment consisted in dry cups and injections every other day, sulphate of quinine and alcohol. However, the succeeding days, the adynamic state became accentuated, the diarrhœa persisted, the temperature did not fall. The stethoscopic signs were but little modified ; crepitant râles extended toward the axillary region above the zone of blowing respiration. On the opposite side of the chest we find a mixture of coarse râles and of sub-crepitant râles quite numerous toward the base. The tongue is absolutely dry, the nostrils pulverulent (les narines pulvérulentes) ; albumen is always present in large quantity in the urine. Death takes place the 24th of March.

At the autopsy we expected to find the verification of the diagnosis of typhoid fever ; but, to our great astonishment, the intestinal mucous membrane presented only a diffuse redness, without any ulceration, without even infiltration, either of the isolated follicles, or of Peyer's patches. The mesenteric ganglia even neither tumefied nor softened ; the spleen was diffuent and quite voluminous. The pleura contained a certain quantity of fibrinous serosity ; the left lung, the upper and lower lobes of the right lung were very much congested, but the middle lobe of the latter was the seat of a true hepatization ; the cut surface was granular and blackish ; the tissue fri-

able; and the pieces thrown into water did not swim. The meninges, the kidneys were congested; the endocardium and the heart, of normal appearance, its cavities containing only a few clots of the death agony. Finding, on summing up, only a pleuro-pneumonia composed of quite a limited hepatization and a moderately abundant effusion, in spite of the congestive lesions of the principal organs, we could not explain how the patient had succumbed so rapidly, and with a general condition so clearly typhoid.

Soon a new case, very analogous, but the issue of which was fortunately better, offered itself to us.

CASE II. Left pneumonia, typhoid condition, cure. Ser. epileptic, of good health generally, experienced on the 27th of March, after two or three days of vague malaise and anorexia, without having been exposed to any cause of coldness, repeated chills, intense pains across the loins and a sensation of oppression at the epigastrium. Color of the face yellowish, spotted with red on the cheek bones. Tongue very much coated, nausea, slight diarrhœa. Cough frequent, without expectoration; stethoscopic signs insignificant, vocal vibrations perhaps a little increased on the left, respiratory murmur feeble on both sides. Temperature morning, 39.6°; evening, 40.2° (C.).

23d. Respirations frequent and short, cough paroxysmal, an occasional repetition of a somewhat viscous expectoration in which traces of blood are apparent, but does not present the uniform coloration of the classical rusty sputa. Indifference of the patient, who no longer answers to questions, as she ordinarily does, willingly. The tongue inclines to become dry, the abdomen is inflating, there is an abundant brownish diarrhœa. Urine highly colored, scanty, very albuminous. On percussion, the sound appears comparatively diminished in the left infra-spinous fossa; the respiratory murmur is a little blowing at this level, but without any mixture of râles. Temperature morning, 39.8°; evening, 40°.

29th. Delirium, incessant complaint. Left cheek-bone more colored toward a bistre tint; conjunctivæ yellowish. Tongue dry in the centre, red and still moist at the edges. Diarrhœa persistent, no lenticular rose-colored spots. Percussion of the hepatic and splenic regions seems to be painful, albuminuria. Twice the expectoration is bloody, almost black and viscous. In the left infra-spinous fossa and turning toward the axilla, abundance of crepitant râles; dulness at this level and blowing respiration. Temperature morning, 39°; evening, 39.6°.

30th. General condition very adynamic. Persistence of the soufflé in the infra-spinous fossa and the

axilla, extension of the crepitant râles toward the lower part of the lung. Temperature, morning, 39.4°; evening, 40°.

The following days up to the 10th there was no great change in the general symptoms; the temperature remained high with only slight remissions. The only point to notice is the mobility and variability of the stethoscopic signs which resembled rather those of broncho-pneumonia than those of frank pneumonia, a mixture of fine crepitant and sub-crepitant râles, a slight dulness irregularly disseminated, a migratory soufflé, expectoration sometimes bloody, and more or less viscous, sometimes simply mucopurulent. After the 6th of April, the râles became large and moist, the respiratory sound was no longer blowing, the tongue was no longer dry. The patient had recovered her consciousness; she responded properly to questions, asked for something to eat, but she remained very feeble. There was still a little albumen in the urine. The thermic defervescence took place slowly, and convalescence was long.

In the interval which passed between the evolution of the preceding observation and that which follows, the work of repairing the sewer was finished in the first court of the Esquirol section; but other similar ones were undertaken toward the end of the first week in May in a little yard, around which were arranged the cells destined to the use of the especially excited epileptics or hystero-epileptics. It is to one of these patients that the following history belongs.

CASE III. The 19th of May, we find the patient, named Bail, in bed and in a state of profound stupor; she coughs, they tell us, and has refused to take nourishment for some days past. We will not report the daily exposition of the symptoms which she has presented during the time of her illness, which lasted a month; many of them were the same as in the two preceding cases. We would have to repeat that an irregular, continued fever with slightly marked morning remissions; a gastro intestinal state characterized by dryness of the tongue, anorexia, diarrhœa, albuminuria, prostration, sub-icteric hue, a voluminous and sensitive spleen; epistaxis even, have made up a picture analogous to that of typhoid fever, but without a definite thermic cycle, without lenticular rose-colored spots.

Concurrently an inflammation of the pulmonary parenchyma was evolved, attested by its usual signs, but which this time successively invaded both lungs, affecting to the highest degree the migratory type. Moreover, this patient presented indubitably a pericardiac complication; for on the fifth day, the pul-

sations of the heart, after having been very much exaggerated as to sonorousness and of a strong impulsive energy, rapidly diminished in intensity, became dull and indistinct, while the pericardial flatness extended, a very appreciable arching showed itself at the same level, and with very frequent, small, irregular radical pulsations, we noticed an increase of the dyspnœa. This pericardiac effusion was doubtless quickly absorbed, whether under the influence of a blister which was applied, or more likely in the regular march of the disease, since the twelfth day the general circulation had become regulated and the pulsations of the heart were heard again distinctly. The absence of friction sounds causes us to think that dropsy of the pericardium occurred rather than a true inflammatory action of the serous membrane. Let us add that the thermic defervescence took place here rather by lysis, not by a sudden fall as in frank pneumonia, and that the apyroxia was only complete toward the fourth week.

CASE IV. Right pneumonia, double pleurisy, typhoid state, cure.

Almost at the very moment in which the preceding patient entered upon convalescence, a hysterical woman, Den, took to her bed. Cephalalgia, depression, epistaxis, anorexia and diarrhœa were again the symptoms in the beginning. The fifth day quite a sharp pain in the right side of the chest was experienced by the patient, and we discovered in the axillary space an abundance of crepitant râles; the tubular souffle appeared soon afterward, and a few times sanguinolent expectoration was ejected. The urine was albuminous. The tongue became dry, the *stupor* accentuated. There were no lenticular rose-colored spots. Soon friction sounds were heard on each side of the vertebral column and toward the base of each lung; then a dulness with a parabolic curve and a manifest œgophony came to attest the presence of a tolerably thin layer of liquid in the two pleural cavities.

A temperature less elevated, but with a march quite as irregular as in the other cases, accompanied the evolution of the pleuro-pulmonary manifestations. The latter entered quite rapidly upon resolution, while the adynamic state disappeared; but the health was only slowly re-established.

Here, then, in a hospital service where sometimes a case of pneumonia is not observed in a year, four epileptic or hysterical patients presented in a short space of time broncho- and pleuro-pulmonary inflammations, accompanied by a cortège of symptoms which so well deserve the name of typhoid, that the first patient was considered as veritably attacked

with typhoid fever, and an autopsy was necessary in order to disabuse our minds.

We thought at first that the stupor of the first few days might be attributed either to the cumulative action of bromine, or to the peculiar evolution of diseases among the insane; for three of these patients took daily doses of three to four grammes of bromide, as a remedy for their epileptic troubles. But one of them was a hysterical subject not treated with bromide, and not insane; the explanation, then, was valueless. These women, moreover, were not under the conditions of advanced age, of insufficient hygiene or of anterior bad health, which render an attack of pneumonia peculiarly grave, and may cause it to assume the adynamic form.

For all these reasons, and on reflecting upon the coincidence of these four cases of pneumonia with the extensive works of excavation of which we have spoken at the beginning, we believe that we have witnessed one of those little epidemics of pneumonia which has been designated successively under the names of typhoid, infectious, miasmatic pneumonia, etc.

We would be inclined to incriminate here the noxious effect of sewer emanations, to which a certain number of authors have accorded a major importance in the production of epidemic pneumonia.

These cases might, then, be compared to the epidemic observed at Florence in 1878, by Banti, who attributed the cause of it to the peculiar condition of that city where the Arno, often dried up, contains in its bed nothing but the detritus poured out by the sewer; likewise to the cases designated in England under the name of sewer-gas pneumonia, and of which a remarkable example is found in the *Medical Times and Gazette* (April and June, 1874).

Have not Grimshaw and Moore also noted the increase of the number of pneumonic cases in Dublin in 1874, after a prolonged drought which had diminished, to a considerable degree, the quantity of water circulating in the sewers of the city?

SELECTIONS.

THE STERILITY OF WOMEN. Delivered at the Royal College of Physicians, February, 1883. By J. MATTHEWS DUNCAN, M.D., LL.D., etc., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital.

MR. PRESIDENT, VICE-PRESIDENT, AND GENTLEMEN: As in past ages, so also in modern, sterility has been an object of great interest, of study, and of

experiment. The acquisition of wealth has at all times stimulated the agriculturist, the gardener, and the breeder ; and the desire of offspring has no less stimulated men and women. At no time has the subject had more importance than at present ; for the growth of science and the love of daring speculation bring now on the field a class of men of trained intellect, who invade it, not to make money or secure offspring, but in search of knowledge. It is to such men that Nature opens her secrets, and the divulging of truth through them is the just pride of philosophy.

A true theory of sterility, even though it be lamentably incomplete, is of very great importance in medical practice. Thousands of women are seeking what they call cure, and their advisers should surely take care to know what they can offer in return for the confidence placed in them. According as medical men have their course illuminated by knowledge, so will they be wise in advising ; and if increase of knowledge, acting directly or by dispelling illusions, destroys faith in remedies, it may yet, in this negative way, add to the usefulness of the adviser. It has been said by Brodie of John Hunter, that, by teaching us when we are not to interfere with the ordinary course of events, he has contributed more toward the advancement of the healing art than all the inventors of remedies who had gone before him.

The course and the details of the argument in these lectures point to a law or laws of sterility not yet clearly formulated ; and it is to be expected that progress will be obtained from inquiries such as have been here described, as well as from investigations of the intimate state of the reproductive organs, including those parts of the nervous system which govern them or are governed by them.

Deficient reproductive energy, or want of sexual vigor, is a theory too vague to be satisfactory. It is only a general idea which loosely binds together, meantime at least, the items of knowledge we have acquired as to sterility. Of course, it is a general idea to whose entertainment no known fact is hostile. But it is flimsy, like a ghost, and a fact might find it difficult to prove its steel ; for, like a ghost, it might be cut by a sword without being destroyed or even damaged in the eyes of those who see it. Deficient reproductive energy is held to be proved by all the conditions which produce or which attend sterility in plants, animals, and man. In woman, it is shown by absolute sterility, by relative sterility, by excessive production, and by imperfect production, which may be abortion, or miscarriage, or morbid pregnancy, or children diseased or difficult to rear, or destined to peculiar diseases dur-

ing extra-uterine life. Deficient reproductive energy cannot be regarded as a substantive disease with specific characters, course, and remedies. It is a constitutional condition, which, according to its cause, may affect a population or affect certain classes. Cold or heat may render a whole population sterile. Underfeeding or overfeeding, or premature or postmature marriage, may cause sterility in certain classes within a population. Sterility, the result of deficient reproductive energy, is an imperfection which does not show itself by measurable tangible qualities, such as a dwarf exhibits, but by absence of function, or a stunted or otherwise imperfect performance of function.

The consideration of the great causes of sterility, exhibited as they are in their results in populations and in classes of women, makes it almost certain that local causes, whether acting as impediments to conception or as unfavorable to pregnancy and to intra-uterine life, have very little scope for operation. These local causes have a clinical interest as affecting individuals ; for they have not been supposed, far less shown, to have any connection, or even accidental association, with the great causes whose scope is wide and certain. In the production of cancer of the womb there may be great operating causes, such as age and multiparity, and there may be minor local causes, such as the so-called ulceration of the cervix uteri and its injudicious treatment ; and these minor causes, although doing little harm to a population or a class of women, may be of the highest practical importance to individuals.

In women, the chief and best demonstrated sources of, or attendants on, sterility are juvenility or prematurity, elderliness or postmaturity, dysmenorrhœa, and disorder of sexual appetite and pleasure. Of these, the influence of age has been most fully shown, and it is that which is most under control with a view to prevention.

As in cases of constitutional diseases or of epidemic fevers, so here, the good done by prevention immeasurably exceeds, or may immeasurably exceed, any possible good by cure ; and this, whether the good done is to a population, or class, or to an individual. The superiority of prevention is partly because the good is to a population or class, not to mere individuals. Prevention is to be, in part, effected by avoidance of unions of immature women or of elderly women ; in other words, by securing that women are married at the age of nubility, or best age of marriage, with a view to fertility and the rearing of healthy children, and the safety of the mothers ; and this age is fairly well ascertained to be, for a population or mass of women, not under twenty and not above twenty-five.

In the breeding of domestic animals and of animals in confinement, man can interfere easily and without restraint, except from his own interests, but it is otherwise in woman. She enjoys liberty within wide limits, and she is more or less subject to the restraint of social, moral, and religious law or custom. These restraints diminish the power of the medical adviser to guide; and, in general, he can do most good by diffusing knowledge as to the prognostics from marriage entered into under various conditions.

At present, the law of England legitimizes marriage at a very early, a too early, age; and it, wisely no doubt, does not interfere with late marriages. "Without the sanction," says Major Graham, "of the laws of physiology, or of common-sense, a girl may—but in the present day rarely does—marry at the age of twelve, a boy at the age of fourteen, under the existing laws of England; but the consent of parents and guardians is required in certain cases where either party has not attained the age of twenty-one; and the proportional number of either boys or girls who marry under the age of twenty is happily small. . . . The age," he adds, "of marriage cannot be directly fixed by laws; but legislation, by prescribing the minimum age of marriage, and the age of majority, does exercise a considerable influence on good numbers of the people directly, and on all indirectly. It becomes the custom or the fashion not to marry below the age of majority. Thus, in England, about 9000 young persons of the age of twenty and under twenty-one married in the year 1851; while about 139,000 married in the four years after they were of age, as it is called, or in the years of age twenty-one to twenty-five. The age of majority is twenty-five years in France; and the age of twenty-five divided the *minores* from the *maiores* in Roman law. The advanced age of majority, or of what becomes practically the lowest age of marriage, retards marriage indefinitely in many cases, and will probably be found, on investigation, to account, at least partially, for the comparatively small number of children to a marriage in France. By raising or depressing the the age of majority, the Legislature, then, has the power to exercise considerable control over the population." These remarks of Major Graham are valuable in themselves, and indicate the view taken by a politician. The law of majority has, no doubt, great influence, and by it the State can modify the age at marriage to some extent; but the laws of love, of self-interest, and of social convenience are much more powerful.

The sterility of near relations, of interbreeding, or of breeding in and in, as it is often called, is generally recognized, though far from well proved in man,

and forms what seems a contradiction in terms, an inherited sterility. It is believed to be shown not only by absolute sterility and its accompaniments, but also by the production of idiots and ill-formed children. Restraint by knowledge of these risks of intermarriage is no doubt a powerful preventive of sterility, but not so potent as it ought to be.

There is, as already pointed out, a sterility dependent on some inscrutable incompatibility of the parties, as in Augustus and Livia, Napoleon and Josephine. Cases like the following are not very rare, and I have actually observed them. A man marries successively three childless widows, and has children by each of them. A woman is married successively, and within child-bearing limits, to three men, and has children by only one of them. Such cases, if very rare, might carry little weight, but they are so common as to have occurred within the knowledge of most observant people. Sterility of this kind we cannot foresee and prevent; and religion, morals, and law continue to interdict the cure that might result from a change of husband. Unfortunately, however, among large classes—chiefly, I am told, in Wales and some parts of Scotland—custom permits, and local morals do not interdict, a practice which produces many illustrations of this mutual incompatibility. The practice is called *bundling*, or *keeping company*, and consists in parents permitting daughters to cohabit with an eligible man on the understanding that, if pregnancy ensues, the legal marriage tie is made. A woman proving sterile may be deserted by her follower, and gets another with whom the result is different.

In ancient times, much was known and taught regarding the avoidance of sterility, and most of it was in accord with what is still taught, but little was done with a view to the cure. The physiology of reproduction was little advanced, and its primary or elementary conditions were quite unknown. When certain winds were believed to cause sterility, and fecundation was supposed to be effected by an *aura seminalis*, we could not look for rationality in practice. Accordingly, such cures of sterility as were then practised appear to us ridiculous or fantastic.

In modern times, the physiology of reproduction is comparatively far advanced, and the necessity of the physical conjunction of the male and female elements is especially recognized. But it may be doubted whether the cures of sterility are much more rational than those of the ancients, for the laws of sterility have been investigated with no great amount of success; and especially do we remain uncertain as to the physiology of the conveyance of the spermatozoa to the Fallopian tubes.

During the last thirty years gynæcology has made great and rapid strides of substantial progress, and naturally sterility, as part of it, has swollen in bulk ; but the growth of it has not been satisfactory, for it has not a sure foundation. While our general knowledge of sterility in woman has made little advance, and especially that part of it which might be turned to practical account, the curing of sterility has reached great dimensions. As in other departments of therapeutics, there has been a great failure of logic ; the *post hoc* and the *propter hoc* have been confused—a coincidence has been regarded as a consequence. The credulity of patients and of doctors has been a basis for useless and often injurious practice.

It is scarcely an exaggeration to say that, in recent practical works on sterility, there is exhibited entire ignorance or entire neglect of the laws of fertility. Every woman from fifteen to forty-five is regarded as likely to breed. If she be sterile, a cure is at once set agoing ; and, if a child be not born, the failure is not debited to the nature of the case, but to the want of ingenuity in the doctor. A reputation for curing sterility is spoken of as if it were founded on substantial claims. The prevalent methods of curing sterility are founded on an implied theory that it in most cases arises from impediments in the way of the spermatozoa reaching the ovum. Without sufficient evidence, strictures are assumed to exist, versions and flexions of the womb are held so to distort the interior passage as to prevent progress of the spermatozoa, cervical catarrh is believed to stop them by mechanical obstruction or by chemically poisoning them ; and for these real or imagined evils, sterile women are made the subject of treatment. It is the theory of mechanical obstruction that, by its simplicity and directness, has possessed the profession and the public ; and accordingly many operations and modifications of operations, and very many instruments, have been devised to do away with the obstruction. The theory has had real rational support in the fact that dysmenorrhœa of a spasmodic kind does, as already shown, frequently accompany the sterility, and in the supposition that the same obstruction which causes sterility by impeding the entrance of semen, causes also dysmenorrhœa by impeding the exit of menstrual blood, or *vice versa*. It has had still more satisfactory support in the observation that the cure of the dysmenorrhœa does occasionally bring with it cure of the sterility.

The very zeal with which the mechanical theory of sterility has been fostered, and its treatment in many ways pursued, has led to its present decadence, and there is now increased attention paid to other departments of fertility than conception. Especially

and justly, the difficulties of naturally starting and healthily continuing pregnancy are brought prominently into view. The mechanical obstruction theory has begun to shrivel, because of the impression produced by the enormous, though inexactly ascertained, proportion of the failures of the attempts to cure founded on it. Even the ignorant sterile women could see that, if this theory of causation were true, there was an easy and plain theory of cure ; and they could also see that the failure of the so-called cure was prejudicial to, if not destructive of, the theory. The importance of the difficulties of pregnancy now brought into prominence will, on account of its great reconditeness, be received with no enthusiasm, such as welcomed the obstruction theory ; and the physicians who entertain it can offer no such brilliant prospects of cure to their confiding patients. It is, however, a decided step of progress in a subject of great practical importance.

It is in Germany that this department of sterility has been chiefly studied, and Grünewaldt of St. Petersburg is its best exponent. Recognizing the importance of this work, I take the liberty of using it to show the great incompleteness of even the most advanced accounts of the subject. For Grünewaldt, sterility is truly never a disease, but a symptom of a disease. Nature has, he says, set no limits to female breeding other than the natural changes in the sexual organs that are observed in the senile state. Sterility is one of the most frequently occurring disturbances of function caused by diseases of the female sexual organs. In these views, and in his whole work, it is implied that sterility depends on disease of the sexual organs, including chiefly endometritis, mesometritis, perimetritis, and parametritis. The difficulties of conception, he says, have only a slight importance, compared with the disorders of the more important vital processes of pregnancy, and these disorders affect chiefly the tissues of the uterus.

It would involve a useless recapitulation of the substance of these lectures, were I to set about showing how partial and imperfect is that theory of sterility which makes it depend on local disorder or disease, whether the disease impede conception, or interfere with the progress of pregnancy. Taken together, the obstruction theory and the theory of Grünewaldt do but cover a small part of sterility, which may be described as the part affecting scattered and sparse individuals, giving thus its importance to these individuals, and to their advisers.

The obstruction theory and the theory of Grünewaldt make no room for that kind of prevention which we have described as of paramount importance. On the other hand, they open up great, indeed al-

most unlimited, fields, for the activity of curers. But the failure of curers is so notorious, and the curing of sterility has so bad an odor in the nostrils of many, probably of the majority, of the best in the profession, that it is worth while to ask the question, Is sterility curable?

Before this question there comes another which is of great importance, Should sterility be cured, as it is called? That, in the interest of the community, it should be prevented, I have no doubt; but, in this department of the subject, statesmen and economists have taken much interest, and I shall not meddle in it. I am of opinion, also, that it should, if possible, be cured. Yet a good argument may be made out for not curing it, in many cases at least; for the laws of sterility show that if it be, what is called, cured, there is a risk of some of its alternatives or attendants—morbid pregnancy, abortion, miscarriage, weakly children, excessive family, death of the mother, and others. But the practitioner hopes, by appropriate cures, to conduct his patient and her offspring in safety through these perils; and we do not, meantime, feel disposed to cavil with this, perhaps, over estimated view of his rational expectations.

It will be admitted that reputation, even with well-informed medical men, is not sufficient to prove the reality of a so-called cure, and we are constantly meeting with instances of exaggerated credulity in reported cures of young women married between twenty and twenty-five, and who had not lived three years in the married state, for it is common for such ardent young women to thus prematurely regard themselves as doomed to persistent sterility, and seek advice with a view to averting their dreaded fate. But there can, I think, be no doubt that sterility is often cured; and such cases as the following do all but absolutely prove that cure is possible, and the sufficiency of the proof will not be controverted by any one if it is added that such cases, though rare, are sufficiently numerous to prevent by their number, apart from their other circumstances, the confusion of a coincidence with a consequence.

A. B., married at twenty years of age, menstruated regularly since thirteen, had dysmenorrhœa most of her life, but not very severe; had never been pregnant. She had had no uterine treatment until the cervix was canalized by bougies in the usual way, twenty-two years after marriage. No known change was made in her conjugal or other habits. She became pregnant at once after the treatment, and had a living healthy child at forty-two years of age. Now, five years after the birth, pregnancy has not recurred.

C. D., married at nineteen years of age, began to menstruate at thirteen, and was regular, with pain for a short time on the first day. After fifteen years of married life, she had had no pregnancy. She had had much uterine treatment. The cervix was canalized by bougies, and for the first time, according to her. No change was made in her conjugal or other habits. On resumption of cohabitation, two months after the treatment, she became pregnant, and had a healthy child at thirty-five years of age. Since this birth three years have elapsed, and she has been twice pregnant.

It is, however, desirable to go further than merely prove that cure is possible, that a cure has been effected; and I believe the most important means of curing sterility or relative sterility is improvement of the general health. In the case of plants, the value of digging about and dunging is well known, and so is the value of proper exposure to the sun, and so is the value, and, indeed, the necessity, of good air, not the air of large cities; and the use of these, when previously withheld, is certainly curative of sterility in many kinds. The cure is sometimes, as in apple or pear trees removed from the shady side of a wall to a better exposure, accompanied by other changes in leafage and in growth of wood, which make better general health evident to the eye. But the cure may have no accompaniment of other signs of better general health, for some London trees which are sterile have a fine outward show of healthy vigor, and it can scarcely be doubted that return to a purer atmosphere would restore their fertility, though it could do little to improve their appearance. In the case of animals, a similar influence of general health may be noted. The starving of fowls diminishes or even arrests their fertility. We cannot doubt that the agouti, released from confinement and restored to its natural habitat, would produce healthy offspring instead of dead and ill-formed, and that, similarly treated, the lioness would have cubs without cleft palate.

In the case of woman, the restoration to, or improvement of, general health involves such a variety of considerations as renders it very difficult of treatment, and the whole matter comes as much under the care of the general physician as of the gynecologist. But it may be mentioned that special means have been recommended, and are much used, such as the waters and baths of Germany. These are of different kinds; and the Schwalbach, Spa, Franzensbad, Ems, and Marienbad have great reputation. That they are often of some kind of service, I have no doubt; just as, I dare say, horse-riding, said to be recommended by Boerhaave against abortion,

may also be sometimes valuable as a remedy of that tendency.

It may well be objected, that general health is too vague a term, and that it would be better to profess ignorance than to ascribe to it such important and definite a result as sterility; and it will be justly asserted that the great mass of sterile women have the appearance of good health. The difficulty of the subject is well expressed by Darwin in a passage I have quoted treating of the causes of sterility in animals. After all, I think it best, in the present imperfect state of our knowledge, to group a large number of injurious ill-defined influences under the head of general health, and to consider its improvement a means of cure. Although an animal sterile under confinement appears healthy, one cannot positively object to the statement that sterility is evidence that it is actually unhealthy, and the cure by restoration of freedom seems to confirm the view. Whatever may be the objections to the term "general health," every one will recognize the importance of investigating the subject with a view to increasing our power over it; for it carries with it a strong influence, not only toward the cure of simple sterility, but also toward the safety of the mother, the avoidance of morbid pregnancy, of miscarriage, of dead, ill-formed, and unhealthy children, and of excessive families.

Overfeeding and the production of fat are often spoken of as if they were identical; but this is plainly not the case, for many excessive feeders are not fat. What is the influence on sterility of overfeeding or feeding by particular foods without fattening, I do not know; but there are analogies which dispose the mind to suspect that influence may thus be exerted. Plants are habitually spoken of by gardeners as overfed by rich soils and manures, but they do not become fat. Mr. Thomson, recently showing me his tomato plants, pointed out some, set among strong manure, growing luxuriantly in wood and leaves, but producing little fruit; others, which had been similarly placed, he had restored to due fruit-bearing, with diminished production of branches and leaves, by diminishing the contact of their pots with the rich manure. The growth of stems and leaves some may regard as the equivalent of fat in animals; but, in that case, stoppage of growth would be equivalent to resorption of fat, which would be driving analogy too far.

Although the injurious influence of fatness in women on fertility is universally admitted, it has not been altogether proved. But universal consent is strong evidence, and it is corroborated by all we know of the power of the same condition in the lower

animals. Generally, young women before commencing to breed are fat, or at least plump. When they bear children, they lose in weight by diminution of fat; again, as they cease to bear children, to resume the fat condition, the fat being now, however, differently disposed of in the body. The fat of the immature and of the post mature is, within moderate limits, an indication of health. The fat of sterility is not an indication of health, but is, so far as I know, itself healthy, and indicates no active or positive disease. To obesity I only make allusion. I have known grossly fat women bear children; but facts about obesity are too few to justify its separation from the common exaggerated fatness of sterility here referred to.

Spencer makes a distinction between normal plethora and abnormal plethora as indicated by fat, and connects sterility only with the latter. I quote his ingenious remarks, not so much for the sake of giving his description of a distinction, the force of which I cannot see, as for the sake of stating his general argument regarding overfeeding or plethora as indicated by fatness. Medicine recognizes no normal plethora. For physicians, plethora is always an abnormal condition, whether accompanied by much deposit of fat or not. "Many facts," says Spencer, "may be brought to prove that fatness is not accompanied by fertility, but by barrenness; and the inference drawn is that high feeding is unfavorable to genesis. . . . There is a distinction between what may be called normal plethora and an abnormal plethora, liable to be confounded with it. The one is a mark of constitutional wealth; and this is the plethora which we have found to be associated with unusual fecundity. Abnormal plethora, which, as truly alleged, is accompanied by infecundity, is a superfluity of force evolving materials joined with either a positive or a relative deficiency of tissue-forming materials; the increased bulk indicating this state being really the bulk of so much inert or dead matter. Note, first, a few of the facts which show us that obesity implies physiological impoverishment. . . . Neither in brutes nor men does it ordinarily occur either in youth or in that early maturity during which the vigor is the greatest and the digestion the best; it does not habitually accompany the highest power—of taking up nutritive materials. When fatness arises in the prime of life, whether from peculiarity of food or other circumstances, it is not the sign of an increased total vitality. . . . Of like meaning is the fact that women who have had several children, and animals after they have gone on bearing young for some time, frequently become fat and lose their fecundity as they do this. In such

cases, the fatness is not to be taken as the cause of the infecundity ; but the constitutional exhaustion which the previous production of offspring has left shows itself at once in the failing fecundity and the commencing fatness."

The fatness of sterility is not apparently a matter of high or of low general health, and seems to be of a different origin from that fatness which comes on men and women at the great climacteric, and on the latter whether they have borne children or not. Whatever may be its natural history, it is known to be in some degree under the control of the physician. Not by medicine, but by diet and exercise, he can restrain its production or cause its removal. For success in removing fat, the co-operation of the patient is necessary, for on her part there is required change of habits and restraint of appetite. Little can be said regarding the cure of sterility by reduction of fat, but experience has furnished no reason to doubt the favorable influence generally expected from it.—*Lancet*.

CLINICAL LECTURE.

A TWENTY YEARS' MEDICAL RETROSPECT. Delivered before the Medical and Surgical Society of Baltimore, March 7th, 1883. By J. W. C. CUDDY, A.M., M.D.

To-day is the 7th of March, 1883. On the 7th of March, 1863, just twenty years ago to-day, I stood up with palpitating heart and trembling hands, before a bright sea of upturned faces, and received from the proper authorities of the University of Maryland that parchment which told me, and which was to tell the public, that I was a physician. In some respects, they have been twenty long and weary years, in other respects they have been a score of rapidly flying and almost imperceptible ones. Still they have been laden with a varied experience, which should have taught me more valuable lessons than they probably have. They have been fraught with an interesting history, which should have made more lasting and good impressions on my mind than probably they have done. But with it all, I stand here to-night with an experience that I do not regret, and one that I would not willingly have obliterated. If the journey has been long, tiresome, and dusty, there have been bright resting spots by the wayside. And to-night as I stop for a moment in my journey to recall the past, Memory, the soul's cup-bearer, regales me with bright recollections of sunny hours, with sparkling streamlets crossing my path, and

bears along the sweet perfume of freshly opened flowers that blossomed by the way.

And if in this retrospection I crave your indulgence for a few minutes, while I look back at my own professional life and thoughts—in other words to commune with my inner self—I hope you will pardon this almost unpardonable digression, and bear with me on this the twentieth anniversary of my wedded life to Medicine, for I seem impelled by an irresistible fate to jot down the lines which I here present.

The questions of practical import in this review are, What have I seen in this double decade of years, and what useful lessons have I learned therefrom? What are the improvements that have been made in the various departments of our profession, during these many years, and what advantages have arisen from them? What important observations have I made, and what deductions can I bring forth that will be of service, or even of passing interest, to this society? Let us see.

When, with diploma in hand, I stepped across the boundary line which divides the student life from the professional one, this beloved land of ours was discordant with the din of battle; our former peaceful skies were lurid with flame and smoke from fields of carnage and devastated homes; an internecine strife was pervading the fairest section of our native country; and from a thousand battle-fields, and camps, and hospitals, there came up an anguishing, agonizing cry for medical help. With ready hands and willing heart I hearkened to the call, and went to the relief of my suffering fellow-men. Here I learned my first lesson in practical surgery. It was to me a lesson of great utility, for constant experience is the teacher which enables us to do our work with satisfaction. And although surgery has no charms for me, and its practice is repugnant to my very nature, yet with the constant practice there afforded and demanded, I acquired sufficient knowledge of practical and operative surgery to enable me to do justice in after life to my patients when far away from surgical assistance, in which position I have since then been frequently placed.

It is a mistake to suppose that the experience of a military surgeon is narrower and more limited than that of one in civil practice. His professional duties consist in more than simply probing for bullets, and allaying the pain caused by those leaden messengers of death, together with the stopping of the red current of life as it leaps from sabre cuts and bayonet wounds. His practice is as wide as the whole domain of medicine and surgery itself. There I met, I believe, with almost every disease to which

flesh is heir, and encountered every injury that could be inflicted on the body of man. I even had a case of dislocation of the hip joint, an injury which I have never yet seen in private practice.

A valuable lesson there learned was afforded by the opportunity I had of seeing that my orders were strictly obeyed, in the manner of nursing, and in the regularity of the giving of medicines. This habit, which I there acquired, has been of incalculable benefit to me from that time forward, and I certainly advise all physicians to see to this point, as it is one of the main factors of success. Let me commend to you this rule. Always give your directions *explicitly*, and see that they are *implicitly* obeyed. This army experience, although wide and varied, was fortunately of short duration, for soon the angry clouds of dissension were cleared away, the black vulture of war was driven beyond our borders, and the white-winged dove of Peace again spread his pinions over this fair land of ours.

The next valuable lessons earned in my passing career were obtained amid the solitudes of rural life and practice, for after the close of my military service I settled down into, what is supposed by many to be, a dull, prosy routine life of a country practitioner. But let me say to all here who have never experienced such a life that it is the very reverse of what you might expect. There amid the vicissitudes of temperature, with occasional epidemics, you encounter all the diseases which you may see in populous cities; and among men, who are continually working with farm implements and machinery, with wild and intractable horses, and with unguarded railway crossings, you are liable to have all the varieties of surgical practice with which you might meet elsewhere. I know that in my own experience I had all kinds of cases from mild to severe. In general practice I had every kind of affection from mumps to small-pox; in surgery from a dislocation of a phalanx to amputation of the thigh; and in obstetrical practice from the abortion of an embryo of a month's growth up to delivery of three at a birth at full term.

One of the best of all lessons which a physician there learns is coolness and self-reliance. Often in the severest and most critical cases, deprived of professional assistance, he finds that coolness is an important requisite to success, and with that he acquires self-reliance, as he grows to know himself, and know his abilities. Imagine yourself on a dismal autumnal night, too cold for comfort, and too early for family fires, seated in a quiet farm-house, the only occupants of the room beside yourself being a lying-in woman, and a taciturn female neighbor.

The other inmates of the house are wrapped in slumber, and the outer world enveloped in pitchy darkness. No sounds without disturb the silence of the scene, save the big splashing rain-drops on roof and window pane, and the sighing of the night winds among the partially denuded branches of the trees; and no sound within but the agonizing groans of your suffering patient. You make your examination, and instead of finding a rounded, bony substance as you expect, your fingers come in contact with a soft pulpy mass occluding the entire opening *os uteri*, and you realize that you have, for the first time in your life, a case of *placenta prævia*. And then, as you recall the fact, that there is no other physician within half a dozen miles; your patient, between her moans, begging for relief; and the aforesaid quiet female viewing you with looks, not only of inquisitiveness, but of distrust, I tell you, gentlemen, you will feel your hair rising straight up on your head, unless you are made of sterner stuff than most young physicians are. And as you take in the situation, and realize your position and responsibility, you will think as you never thought before, you will reason as you never reasoned before, you will work as you never worked before. And when you have solved the problem, unaided and alone, it is a lesson well learned, and one that you will never forget. This is no fancy picture, but one of veritable, personal experience.

And so in this rural region which I had selected, I spent a few years, engaged in the varied or routine practice which such a section affords. Apart from professional life there was to be found there everything calculated to gratify the tastes and desires of the most fastidious. It was in a wide and fertile valley of gently rolling land, with intervening fields and forests, with towering blue hills on either side, the whole section peopled with an honest yeomanry, with an intelligence and refinement, the superior of which I challenge this country to produce. But with all these external satisfying surroundings, there was an internal longing for something beyond, which I found to be a craving for professional associations, which cannot be gained outside a populous city. To satisfy this natural demand I located in this great Southern Metropolis, and I stand here to-night without a single regret at the step I made. Here I have had the pleasure of commingling with medical men, with the advantages of visiting clinics and lectures, but with none have I had more enjoyment, or derived more benefit, than from my associations with the "Medical and Surgical Society of Baltimore."

Standing here at this twentieth milestone of my professional journey, I cannot help but look back

along the way, and see the improvements that have sprung up during these passing years. In theories, in the manner of treatment of many diseases, in the manufacture of mechanical appliances for injuries and deformities, and in instruments for surgical use, great changes have taken place, the majority of which are for our advantage, and for the elevation of our profession, insomuch that in my opinion the science and practice of medicine is to-day on a plane vastly higher than at any time during its past history. To be sure, the broad foundation on which the structure rests has undergone no change within this period of time. Its wide, firm base is just as solid and changeless now as then, without the crumbling away of a single atom, showing that scientific truth and exactness is the corner-stone on which the superstructure is built.

Anatomy, the ground-work of our whole study, is taught now exactly as it was a score of years ago. The tenets of that time are the tenets of to-day. This shows conclusively the correctness of our knowledge of this department, for no principle devoid of truth can stand the test of time. Just as the astronomer, with telescopic eye, peers into the blackened vault of night, and sees the changeless system of worlds spread out before him, so the anatomist, with microscopic aid, looks down into the deep recesses of the "human form divine," and knows that the broad principles of anatomy are just as true and unerring as that law which keeps each gem of night in its accustomed circuit.

Physiology, the poetry of medicine, with its counterpart, pathology, retains its cardinal principles as taught then, but investigation and experimentation since that time have added much to our knowledge of the laws of life, thus enabling sanitarians to lay down more advanced and better hygienic rules.

Materia Medica has made rapid strides in the march of improvement, and with the aid of her hand maid chemistry, has, during this time, given to the world numbers of new remedies and new combinations, whose value cannot be expressed. Among the many put forth, however, there are two potent remedies which I desire particularly to mention, and whose introduction should be characterized as red-letter days in the annals of medicine. I allude to those two grand additions to Materia Medica, the hydrate of chloral, and the salicylate of soda. These two alone are sufficient to show to mankind the true value of medicines, for with an ability to relieve pain, and hurl back the progress of disease, far beyond the fabled power of the magician's wand, they stand among the foremost of the great curative agents of to-day. Eserine, another new

remedy, has, in the hands of the oculist, also proved itself to be a power for good, especially in glaucoma, and by its use, iridectomy is shorn of all its dangers. Duboisia is also worthy of mention, as well as a host of others, which have greatly enhanced the value of this department of our profession.

In surgery, marked improvements are noticeable, both in the introduction of new instruments, and in the manner of operations. One of the greatest advancements is due to the ability and ingenuity of one of our own countrymen. I refer to the invention, by Bigelow, of the lithotrite, and his operation of litholopaxy. By this means, the removal of stone from the bladder, which has become of such frequent occurrence, is attended with much less pain and risk than that which accompanied the former methods of operating. Many other advantageous additions to this branch of our science have been made during the years under observation, among which I might mention Kelly's new method for the reduction of dislocation of the humerus, a full account of which may be seen in the *Dublin Journal of Medical Science* for September, 1882.

But it is in the theory and practice of general medicine that the greatest investigations have been made, the most rapid strides in professional progress are observable, and the best results have been obtained. The investigation of the cause of disease has been fruitful of good results. A positive pathology brings about sure therapeutics. The hard work of a series of years is now realizing its harvest of fact, and hitherto barred doors have been pushed wide open by the efforts of our leading scientists. I suppose that the most interesting and most important of all these studies is exhibited in what is recognized as the "germ theory," which view is adhered to by a large majority of the profession, and is now regularly taught in our medical schools.

The introduction into general use of the clinical thermometer, which has taken place since my graduation, was an important epoch, and its aid in diagnosis and prognosis is universally acknowledged. With such valuable additions to our medical knowledge we must surely expect an improvement in results in the treatment of diseases, and in this, I think that we are not disappointed. Statistics go to prove that diseases are being more ably and more successfully treated now than at any time during the past. A tabular statement of the fatal cases of puerperal diseases in the London hospitals shows that the mortality has decreased fully 25 per cent during the last twenty years. The treatment of various zymotic diseases here now shows also a very favorable improvement. To satisfy myself of this

change I sought for information at the office of the city Board of Health, and through the kindness of Mr. Carter, the efficient secretary, all of the official mortuary records were placed at my disposal. I examined the reports for the last twenty years, particularly those of scarlet and typhoid fevers, and found a constant decrease in the number of deaths from those two affections, although the city was constantly increasing in population. In 1862 the number of deaths in Baltimore from typhoid fever was 202, while in the year 1882 there were only 165, a decrease of 20 per cent, although in that time the city had increased more than 20 per cent in the number of its inhabitants. The improvement in scarlet fever cases was equally as great. These are incontrovertible evidences of our onward march in medical science, and we can only trust that, with the reflected light from the past, the future will give even more brilliancy and be productive of even better results.

And now, after looking over this broad field of medical science, the question naturally arises whether one mind is sufficient to cultivate it in its entirety. And this brings up for observation the important subject of specialisms and specialists. This is a question that, during these latter years, has attracted much attention, and has drawn forth many an able argument, both in its defence and in its opposition. As to my opinion, if the question were now asked, Are specialisms advisable in our profession? I could not give a simple monosyllabic reply. I could answer neither *yes* nor *no* without a qualification. To a great extent, however, the specialisms of to-day are entirely unnecessary and undemanded. There is such a kindred composition in the various tissues and organs which are seats of disease, and such a great similarity in our maladies, that a truly educated medical mind will have the scope and ability to grasp them all, without narrowing himself down to a section of the body. That there are, however, some branches of this vast profession that demand separate attention is undeniably true. This is especially so as regards the various surgical operations which have to be performed, but this is mainly necessary on account of the manual deftness and dexterity required, which can be gained only by constant practice; and as such cases are rare in comparison with the large number of ordinary cases that a physician encounters, the hand of the general practitioner is unaccustomed to such work; and for this reason, mainly, would I class operative surgery among the specialities.

Then, again, there are two organs so peculiar in their nature, and from their anatomical position so

liable to injury and disease, and for the repair of which there is needed such gentle treatment, that it seems almost like a natural arrangement that there should be a specialty of them. I, of course, allude to the eye and ear, those two organs, which, above all others, are conducive to man's comfort and happiness. Take away sight and sound from man, and you close to him every avenue to business and pleasure. Take from him all those brilliant colorings which make up the loveliness of this world, and all those wave sounds which fall in rapt melody on his delighted ear, and you might as well take away life itself. How necessary, then, is it that these two important members should have for their special management men who, by education and experience, are qualified to render the gentlest treatment, and to perform the most delicate operations.

Because the eye and ear demand this special attention, it does not follow that each particular organ of the body should have its specially appointed physician. I can see no reason whatever why there should be specialisms of the head, the throat and lungs, the stomach, or the uterus. I do not believe in regional specialisms, or, in other words, in farming the body out in sections, such proceedings being, according to my mind, the height of folly, the extreme of absurdity. The only advantage that can possibly be gained by this method is that which accrues to the benefit of the specialist himself. What is there so extraordinary about a uterus that the diseases peculiar to it should demand the attention of one who is not only a practitioner of medicine, but bears the title of gynecologist? If any of you, gentlemen, are competent to treat an inflammation of the mucous lining of a man's stomach, you are equally competent to treat an inflammation of the same lining in a woman's uterus. If you are able to properly adjust a mechanical appliance to relieve or cure a ruptured bowel in a man, you are equally able to properly apply something to relieve a misplaced womb in a woman. If you are qualified to introduce bougies, and distend a stricture in the urethra of a male, you are certainly qualified to make use of the same procedure, and relieve a constricted *cervix uteri* in a female. If, however, more serious complications should exist, such as malformations, malignant growths, etc., for the removal of which the scalpel or other instruments should be required, then the operative surgeon is demanded, and his services should be invoked.

And then as to a specialism of the throat, lungs and heart! Why, the diseases of that section of the human frame are the very ones that are encountered daily by the general practitioner. They are seen in

every period of life from the prattling babe to the decrepit old man, and are met with in every clime, from the icy hills of the distant north, down to where you are kissed by the gentlest zephyrs of the sunny South. It is a mistake to suppose that these diseases are more successfully treated by these specialists than by other physicians. So confident am I of this fact, that I would guarantee that could we be furnished with a complete report of all such cases treated by you, Mr. President, or by any medical gentleman of experience on this floor, that such report would compare not only *favorably*, but *equally*, with that of any throat and lung specialist of New York, Philadelphia, or our own city.

A legitimate specialist, one who becomes such by experience and adaptability, and who remains true to his specialty, is to be honored and revered; but not he who makes his selection solely with a pecuniary aim, and who allows the impression to go abroad, that he is devoting *special* attention to a certain class of diseases, and yet attends all other cases that come before him. Is he willing for the public to stop and analyze the position in which he has placed himself—that he is giving especial study to some maladies, and prescribing for others without giving *them* any special attention? Such a position, to my mind, would be a very unenviable one.

And, again, it is universally admitted that the tendency of many specialists is to locate various maladies in the organ or region over which they keep such watchful eyes, and allow them to mask equally as serious affections in other parts of the body. You all very well know the possibility of the existence of serious derangement of two or more separate organs at the same time; or that from a dangerous affection of a single member, there may be brought about, by sympathy, a derangement of the entire constitution. Such cases require a physician of wide range of thought, and of broad and general powers of reason.

I am sure that you will all agree with me that the following case is far within the boundary lines of possibility. A lady, after years of patient suffering with womanly courage and fortitude, finds that her health has become seriously impaired. The physiological function peculiar to females is greatly deranged; a hacking cough and wasting frame warn her that the germs of disease are implanted in her pulmonary organs; while her whole nervous system gives manifest evidence of its unhealthful condition. From the reading of trashy advertisements, and from equally trashy gossip, she has come to believe that the diseased womb is the fountain head of *all* her troubles, for the relief of which she is induced to

seek the aid of the gynæcologist. He assures her that perfect rest in a recumbent position on a mattress, in addition to his applications, will bring about the best of results. But alas! her nerves are now in such fearful condition, that she must forsooth see the nerve specialist. His advice, apart from his medication, is that she needs moderate exercise, with light amusements, and to this end he suggests a daily walk on the fashionable promenade, with an occasional visit to the theatre or concert hall. Having gone thus far she concludes to attend to her chest trouble also, and accordingly she sends for a "lung doctor" who makes a long and careful examination of his pet organ, and with knowing look and ominous head-shake gives his advice in the language of those winter signs which you see suspended in public doorways: *Go to Florida!*

With these conflicting advices she sees the dilemma in which she is placed, and in her despair asks "What is to be done?" Let me answer her question. Let her send for her tried and true family physician, if she has one, and trust to his ability; trust him who in the past has given her relief in the direst peril of her life—him who administered to her needs as she emerged from the dread agony of labor into the sweet joys of maternity; trust him who by prompt and careful treatment raised up her almost dying babe, the idol of her life, and who by his success turned her heart-sobs into smiles; trust him who baffled disease in the person of her strong and manly husband, and who, in the hour when hope had well nigh expired, called the far-away look in the dim eyes back to life, and restored him to health and to her. I say, let her trust in him, abide in his judgment, and heed his advice.

In conclusion, I again beg your pardon for this deviation from our accustomed routine, thus depriving you of an evening which could have been so much more profitably spent in the investigation of some practical subject in medicine; and yet, gentlemen, if in the preparation of this paper I have educated a single interesting thought, or if in its rendition I have uttered a single sentence which has fallen acceptably on the ear of any one present, I am content.

ORIGINAL CORRESPONDENCE.

AN OPEN LETTER.—TO THE YOUNGER MEMBERS OF THE MEDICAL PROFESSION.*

BROTHERS: For years and years New York has been regarded as the great medical Metropolis.

* This letter would have appeared in the Journal of May 12th, but the "copy" was not received in time.—ED.

There the genuine *Magi* dwell. The *Illuminati* shine there. Thence come the innumerable progeny of the *Literati*, illustrating the scriptural statement : Of the making of books there is no end. There the Gamaliels stand in the Academy, surrounded by countless footstools on which we all have sat as admiring auditors. Boston may be the Hub, but New York is the axle round which the hub dutifully revolves. Philadelphia, it cannot be denied, is no mean city, but then it is so far, far away. New Orleans has its Yellow Jack, St. Louis its Mississippi, Chicago its corners in grain, and San Francisco its Golden Gate for the easy exit of Chinamen ; but New York is and must be forever the medical Mecca of the western world.

Alas, that a skeleton should exist in every closet, even a medical one. Alas, that Paradise itself must be invaded and broken up by a tempter, who taught that the trammels of law are incompatible with personal freedom and happiness. In the metropolis a great trouble has arisen. It has been diligently fomented ; but fomentations seem only to aggravate it. The *Magi* dwell together, but not in unity. The *Illuminati* spread their radiance, but in flashes of angry lightning. The fecundity of the *Literati* is still undiminished, but the offspring seem disposed to worry and devour each other. The Academic groves resound with the clamor of contending factions.

In this emergency, when the infallible utterances of the very oracles have become discordant and conflicting, will you tolerate a few homely suggestions from a country practitioner who can offer, for his utter lack of urban elegance and eloquence, only a strong desire to promote the honor and welfare of a noble profession.

He addresses you, young men, because you have no rooted prejudices to overcome, no party victories to achieve, and because life has as yet lost none of its promise, none of its glorious sentiment.

MEDICAL ETHICS.

There are three codes of Medical Morals : the National, the New York, and the "Gentleman's." The National is the one to which you and every member of every medical society, County, State, or National, has deliberately subscribed and promised allegiance. For nearly forty years, it has been the standard and mentor of the profession in all English speaking countries. Its wise precepts embrace the duties of physicians to one another, to their patients, and to the public. It is not a collection of arbitrary and rigid impositions, not a formidable array of mental gyves designed to cripple investigation, to hinder

progress, or to restrain the free exercise of generous and gentlemanly impulses. It is simply a letter of advice such as every wise and good father should be glad to write to a beloved son, whose honor he would keep untarnished and whose usefulness and welfare, throughout his medical career, he would promote. *Read it*, and you will acknowledge that the young practitioner cannot study it too closely ; that the old can never outgrow its principles ; and that both should be thoroughly imbued with its noble spirit.

The New York Code does not differ essentially from the National Code, except in the matter of consultations. The National declares in effect that consultation with those whose avowed principles and professed practice are wholly unlike ours, is derogatory to the dignity of the profession. The New York Code repeals this section, and declares that consultations may properly be held with all legally qualified practitioners, of whatever faith or practice. The No Code, or the Gentleman's Code, as its advocates seem proud to call it, would abolish both the National and New York standards, with their guiding precepts, so valuable to the young and inexperienced ; their admonitions and wholesome restraints ; and leave every practitioner to be judge and jury in his own case, and to decide whether his lawless conduct is that which becomes a physician and a gentleman. Curiously enough, the advocates of this Code are at present zealously co-operating with the New York Code men. Their sincerity cannot be doubted, but, according to their own confession, they are bitterly opposed to the New York Code as well as to the National, and they are avowedly waiting for an opportunity to desert their allies and to overthrow all written codes.

Why should we prefer the National to the New York Code ? A widely-spread conviction exists that the principle of fair-play was violated in the substitution of the New York for the National at the meeting of the State Society in 1882.

At a very slimly attended meeting ; against the protests of some of the most faithful and respected members ; and in spite of the requests to postpone action for one year, so that the profession might consider a proposition so unexpected, so radical, and so revolutionary, a vote was forced by the united strength of the New Code and the No Code men, and the New York Code was adopted by a two-thirds majority. The shrewdness of this precipitate action, so unnecessary and so unkind, is manifest, when we consider that the obnoxious Code could not have been adopted at the meeting in 1883. The grand uprising of the profession throughout the State, as shown by the action of forty county societies

condemning the New Code, falsifies the prediction made by one of the Revising Committee, that if the New Code were adopted without delay, the profession would acquiesce, and the subject would never again be brought up.

It is not surprising that the snap judgment of the accidental if not pre-arranged majority in 1882 should have provoked sharp retaliation. Those who sow the wind should not complain of a plentiful harvest of whirlwind in after days.

The County societies expressed their disapproval of the new code almost unanimously, and then they went quietly to sleep, unwisely trusting that respect for this unanimity would secure a restoration of the National standard.

2. The National Code is the one believed in, and supported by, the great body of our medical brothers throughout the Union, and wherever the English language is spoken. In spite of all the iterated and ingenious arguments and appeals and inaccurate statements, with which a half dozen enthusiastic and untiring gentlemen in New York have inundated the land, in circulars and pamphlets, in newspapers and medical journals, in strong, nervous English and in captivating German, the allegiance of an immense majority of the profession to the National Code remains firm and unshaken.

The wisdom and ingenuity of these few eminent and persuasive writers is cheerfully conceded to be great. They may be so situated that they cannot sympathize with the general practitioner; but they are honorable members of the profession; their honesty is unimpeachable; their motives are above suspicion; their opinions are entitled to respect. But the wisdom of the many—and the many in this instance embrace the vast multitude of the wisest and best in the medical profession—is superior to the wisdom of the few.

3. Subscription to the National Code is required of all who would become members of the American Medical Association. This grand Association has been stigmatized as a peripatetic, a junketing, a Rip Van Winkle concern managed by a few fossils.

The sneer is unworthy of its authors. It shows to what straits the advocates of a weak cause are sometimes driven.

It is hardly necessary to state that the American Medical Association is composed of delegates and members from every State and County society. Its officers are nominated by a committee of one from each State, selected by the delegates from that State. It is reasonable to conjecture that the County and State Societies select their best men to represent them in the Association. If the best are fossils, the

condition of the remainder cannot be specially animated.

The Association holds its meetings in different parts of the country. It is always invited, always welcome. It is therefore peripatetic. Nine hundred and fifty healthy peripatetics assembled at St. Paul last June. The British Medical Association, with its nine thousand members, is also peripatetic. Doubtless it is Rip Van Winkle, too. And it junkets. But somehow it is not specially unpleasant to junket with such men as Jenner and Wells, Bristowe and Paget, Lister, MacCormac and Ernest Hart; and Gross—the Nestor of Surgery—and Davis—the father of the Association—and Austin Flint, senior and junior, and Gouley, Sims, and Thomas, Sayre and Moore, Bigelow—the Lithoclast—and Roosa and Jacobi and all the thousand other good fellows of infinite jest and digestion whom one meets at these junketing associations. Our State society closed its very last meeting with a grand junket at which none but New Code men uttered a word.

You, young men, who do not dare to meet the great luminaries of the profession, lest you should be tempted to junket, will vote for the New York Code. But you, young men, who hope one of these days to become members of this noble National Association, to take part in its excellent meetings, to fill honorable positions among its officers, and to learn, by personal observation, that there are some worthy and eminent and scientific and progressive men outside the city and State of New York, should vote and work for the restoration of the National Code.

4. The National Code disapproves of meeting in consultation those who have nothing in common with us; those who claim to possess a totally different and better system of practice. What is a medical consultation? A comparison of opinions. Concerning what? Anatomy, physiology, chemistry, histology, the *Bacillus* discovery? No. Simply concerning diagnosis and treatment. The questions rightfully asked by the patient are: What ails me? What will cure me? It will not be denied that the good of the patient should be the sole object of the consultation. If the consulting physicians hold totally dissimilar therapeutic views, then the pretended consultation is a disgraceful sham. It is worse than this. It is a fraud. If the consultants take pay for a conference, when it is known that there can be no agreement or compromise, then a downright robbery has been committed. No matter if the patient and his friends ask for the meeting. We are guilty, all the same, if we, taking advantage of their ignorance, consent to hold a bogus and necessarily useless consultation, and then fleece them of their money. The

public and the newspapers will yet come to understand that when we refuse consultations with those who differ from us as darkness does from sunshine, we are not the illiberal and bigoted and narrow-minded wretches they have imagined ; but that we are the true friends and protectors of the people, because we are the friends of honesty and fair dealing.

After a time the people will learn to appreciate at their true value those who consent to hold, and take a fee for, a consultation which was foreordained to be a farce and an imposition.

Is this a practical question ? Are there physicians who differ from us thus radically ? The regulars and the homœopaths, for instance, do not seem to see exactly eye to eye. But are their principles and practice really so unlike that there can be no compromise in a consultation, and so no benefit to the patient ? If they are, then a pretended consultation, instead of being an evidence of liberality and freedom from intolerance, is a proof of lying and swindling.

And the National Code, which discourages such fraud and robbery, deserves earnest support. And the New York Code, which authorizes it, should be repudiated.

The high-toned " Gentleman's Code," of course, does not condemn it ; it reprobates nothing ; it approves of that which the performer himself claims to regard as conduct becoming a physician and gentleman.

Look at this matter a moment. Our distinguished contemporaries, the homœopaths, hold to the doctrine *similia similibus curantur*. They hold to it with invincible tenacity. They inscribe it on their banner and spike the banner to the mast, sink or swim, survive or perish, they are for the law of similars. *Aut similia aut nihil*. And their practice conforms to this law. The regulars deny the existence of any such law. They claim that the few facts which seem to support the doctrine are overbalanced by the multitude of facts which oppose it.

The practice founded on this exclusive dogma, they regard as unscientific and perilous to the welfare of the public.

Surely from such discordant views no harmonious consultation could result beneficial to the patient.

The homœopaths assert that " the totality of the symptoms constitute the disease." The regulars believe that symptoms are but the signs of an underlying morbid condition—the signals which disease displays—and that disease might exist without any recognizable symptoms. The homœopaths consistently strive to find out and remove the symptoms ; the regulars are not content till they discover that which produces the symptoms.

Again the system of " proving" adopted by the homœopaths seems quite irrational and absurd to the regulars. To take a dose of medicine and then attribute every trifling ache or itching or uneasiness experienced, even at the end of forty days, to the drug employed, so that should a similar itching or ache ever arise this drug will be indicated as the proper remedy, appears to the regular practitioner but as the immeasurable credulity of utter dementia.

But the greatest difference between the regulars and the homœopaths is found in the size of the doses employed. The homœopaths, not universally, but with a few factional and unimportant exceptions, hold, as a cardinal tenet, that the power of a drug against disease increases in proportion to its dilution, its potentization as they call it. Their practice, of course, is strictly in accordance with their theory. They give small doses. Where the regular would give a grain of a certain drug, they give an extremely small fraction of a grain. They give the fourth or fifth dilutions or potencies. It would take thirty barrels of water to carry all of one grain of medicine to the fourth dilution ; and three thousand barrels to the fifth potency. For each dilution is one hundred times weaker than its predecessor. Now if a patient could swallow the whole of the thirty barrels of the fourth potency, or the whole of the three thousand barrels of the fifth dilution, he would actually take but the simple original grain of the drug employed, unless its therapeutic power were increased in some way by the dilution. But the homœopath does not give the whole thirty or three thousand barrels at once. He does not usually give even a single drop. He moistens a hundred pills of pure sugar with a drop of the dilution employed, and then he gives five, ten, or more of these pellets for an efficient dose. The regular believes that a dose of this minuteness must be utterly impotent and valueless.

But the homœopath does not stop at the crude fifth potency. He employs the thirtieth, the sixtieth, the two hundredth, the three thousandth dilution. And he claims that he has better success with the high potencies than with the low.

A distinguished mathematician of Washington, made, at the writer's request, a careful computation. His determination can be verified. It will not be denied by the homœopaths. This is his report : If a person at the time of Adam had commenced counting at the rate of a hundred a minute, and had continued without intermission till the present hour, he could not have counted the globes of water, each the size of our earth, which would be required to carry one grain of medicine to the sixtieth dilution. A

distinguished homœopath asserted to the writer his belief that a single drop, taken anywhere from this somewhat immense amount of fluid, would exhibit the specific quality of the drug employed, and would be a potent and sufficient dose.

It is hardly necessary to announce that the regulars, without exception—the National Code conservatives, the New York Code liberals, and the go-as-you-please No Code men—are united in the belief that every part and parcel of the homœopathic creed is fallacious, and that their medication is no better than diluted moonshine, and is a trifling with human life.

It is not the purpose of the writer to decide whether the homœopathic or the regular practice is the better. He casts no ridicule ; he charges no dishonesty ; he impugns no motives. For the purposes of this discussion, he assumes that every homœopathic practitioner is sincere in his belief and honest in his practice. And this concession being made, he claims that a consultation held with him by a regular must be a fraud and a swindle.

The difference between them is infinite. There can be no compromise. One or the other must give up wholly. And as neither can yield without abandoning principle and self-respect, the consultation must be a sham and the fee a robbery. Hence the liberty to hold such a pretended consultation should not be granted by any code. It is not granted by the National ; it is expressly allowed by the New York ; the Gentleman's Code folds its æsthetic hands and says nothing. Can it make any difference in a question of ethics that these consulting parties have certain *legal* qualifications ? Can the fleeced patient derive any satisfaction from the knowledge that the conspirators who robbed him have genuine diplomas ? Moral principles, like the multiplication table and the law of gravitation, cannot be changed by the caprice of a Legislature, even one so pure and illustrious as that which meets at Albany. It was feared that the Legislature during the past week would have legalized the medical diplomas of a certain machine in Western New York. If four opposing votes in the Senate had been cast for the bill, it would have passed. And then would the holders of these diplomas, obtained possibly without study or a day's attendance on lectures, have been any more fit consultants than if they possessed no license whatever ?

The simple truth is this, and no amount of learned sophistry can befog it : The aim of the laws concerning physicians is to protect them in the exercise of their calling, and to protect the public from their misdoings. It is not to enforce or promote consul-

tations with those who tenaciously hold opposing views in principles and practice.

If it be asserted that homœopaths do not actually adhere in practice to their avowed principles ; that they really give regular medicines in orthodox and heroic doses ; that they are simply using a name as a cloak to gull a certain class of credulous people ; and that therefore regulars may properly consult with them ; the answer is ready. If the homœopaths are honest, as they are conceded to be in this article, consultation with them is useless and improper, and rightfully forbidden. If they are dissemblers, and wolves in sheep's clothing, and liars and cheats, then consultations with them should be shunned and prohibited, as contrary to good morals, as giving countenance to impostors and swindlers.

The epitome of all this is that the National Code should be up held :

1. Because it receives the support of the great mass of the wisest and best of the profession, here and elsewhere.
2. Because adhesion to it is necessary if we would be in affiliation with the American and regular State Associations.
3. Because its repeal by the State Society deprived a large majority of the profession of a cherished right to representation and membership in these Associations.
4. Because this unnecessary, precipitate, and unfair repeal has engendered wrath and wrangling, which threaten to alienate permanently those who have been and should be brothers.
5. Because the old Code stands firmly by the right, and frowns indignantly upon the wrong.
6. Because it would be a poor bargain to trade off national and international brotherhood and adherence to moral rectitude for the paltry and never-to-be-exercised privilege of consulting with those who have no fellowship with us, either in word or works.

Finally, my young friends, do not be seduced by captivating appeals to your love of liberty. The statutes against theft, and perjury, and murder, are very stringent. Are they oppression to you ? Do you demand their repeal, because they are illiberal relics of a barbarous age ? Do you say : "I don't wish myself to steal, or swear falsely, or kill anybody ; but I want all restraint on the liberty of my friends removed, so that they can decide, each one for himself, just what to do ?" No. You proudly declare that a good law is never a trammel to a good man. You assert that liberty without law is communistic license. And you deny the statement so industriously circulated by those who would throw

off all restraint, that the National Code was instituted to put down quackery, and that having failed, it should be repealed. You know that the National Code simply exhorts us to avoid improper communications ; and you know, too, that every quack in the land is a vociferous supporter of the New York Code.

Hold fast that which is good.

I have the honor to be

Yours, for the tried and true,

H. D. DIDAMA.

SYRACUSE, April 28, 1883.

1113 F. STREET, N. W.,

WASHINGTON, D. C., April 6, 1883.

In my article published in this JOURNAL on the 17th ult., ipecacuanha in dysentery, a very natural typographical error occurs (p. 288, tenth line from bottom of second column), substituting the sign of drachms for the sign of ounces ; where I admitted the hardihood of curing a case of Chagres dysentery by injection of f ̄iv. of laudanum into the rectum of a girl of 14 æt.; parenthesizing the corrections made in advance and deduced from experience for loss in injection and by dejection. It might seem safer as to the public acceptance of the prime matter of the article to let this erratum go uncorrected, but there is a public duty paramount to personal fame ; since by a recent judicial decision, heroics in medicine are only to be distinguished from malpractice by authentic precedent in the profession, or satisfactory testimonial evidence of previous success of the treatment in experience of the defendant. Be it noted, first, that heroic practice is only justified, even when sustained by precedent, in desperate cases, and secondly, that mine cited was a desperate case. Now, then, firstly, my four ounces of iced laudanum in desperate acute dysentery was received, *ex cathedra*, from no less an authority than Dr. Alonzo Clark, whose status I need not give, and whom I hold it no sycophancy to praise ; secondly I had had previous experience of success with his plan, in no less important a case than that of my first wife—which may be said to have demanded more heroic alheroics than a husband ought to commit himself to. Young doctors are not apt to be advertent of laws and mother-in-laws ; let such “ put a pin there.” This lady, being recently married, had painful abrasion of the os tined, to which I applied acid nitrate of mercury, with happy result in the main ; but I having clumsily allowed a drop or two of the caustic which escaped the probang on pressure against the os to remain in the vagina, she was attacked the same day with furious dysentery and profuse ptialism. Dr. Clark's four-ounces-of-iced lau-

danum plan was the first and only I addressed to the dysentery, and the dysentery had ceased when she awoke next morning ; the ptialism yielded, in two or at most three days, to a gargle of chlorate of potash. I did not think it necessary to exhibit the iodide, there being no history of mercurialization ; “ put a pin here.” I believe I am now able to “ account to the commonwealth ” for the anomalous behavior of this case, both in its inception and resolution, the mention of which only elicited a smile from Dr. Clark. Here may be as proper an occasion as any of publishing a case of recognized Bright's kidney subsisting for fifteen years, which only delicacy has seemed heretofore to justify me in withholding. I had early consulted Dr. Cornelius Rea Agnew about a peculiar behavior of her left eye, which would expose to me when her *amour propre* was impinged upon, before she realized it herself, by rolling toward the nose, the other eye not moving ; he immediately directed my inquiries toward the kidneys. With her first pregnancy, occurring in 1860, I thought I found ascites, and sent her to my good friend, Dr. Fordyce Barker, who, judging from her phenomenal complexion, which was literally vermilion under the least rapid exercise, thought it unnecessary to examine her. But shortly after, having occasion to travel with her, I examined by heat and nitric acid, and found copious albuminuria. Dr. Samuel St. John (Prof. Chemistry, Coll. Physicians and Surgeons, N. Y.) thought a sea-voyage not contra-indicated. After being two days out of port, her difficulty in hemming a kerchief for me called my attention to tonic spasm of her levatores palpebrarum and clonic spasm or irritability of all the other orbital muscles apparently, with a resultant expression of stare and scare. She woke up next morning blind, to all distinctions but light and darkness ; she had to be led and fed for many months, in short, until she relearned the offices of life through tact ; writing she learned again *ab initio*, advancing from the infantile scrawl ; her originally delicate chirography was somewhat approached only in her latest years. On the occasion of her bereavement I almost promised her her vision would return at the birth of her child. This child deserves notice here. It seemed to be subject to intra-uterine convulsions, which were first noticed on sudden striking up of the overture at the opera, and caused her such distress as to necessitate the recumbent position ; the after-music of the opera seemed better tolerated ; but I could at any time induce the fatal convulsions by florid passages on the flute, while lower and slower flute-music had no such effect. The child died in utero at the eighth month, from no other apparent provocation than the mother's

sitting on the curb as a choice against falling, as she stepped into one of the deep gutters of New Orleans, while we were attending the Mardi Gras-procession there at night. The delivery occupied one week next thereafter, indoors and outdoors, and the fœtus was considerably decayed. No untoward symptoms followed, and eight days later she started, by steamboat, on an eight-hundred-mile trip up the Mississippi and the Red River. But vision did not return then. Dr. Brickell, whom I was then consulting along with Drs. Choppin, Crawcour, and Peniston, and who had found, by the microscope, etc., all the flesh marks of Bright's kidney, then told me that his individual animus had been from the first toward inducing premature labor. At this time I gave her one more chance for recovery of vision—myself to be brought home dead, or the house to burn down over our heads: the latter casualty did occur in the ensuing summer, in Shreveport, La., and she did recover her eyesight when it waked her, perfectly, and was the only cool head at the conflagration.

So much of personality, as a key to her temperament. But I dreaded her sleeping again, assured the euphemopia would not outlast the psychic stimulus; and so it eventuated: she was as blind next morning as before. I never afterward thought, therefore, electricity or other stimulating means worth while addressing to the asthenopia, *unless the uremia could be periodically relieved by mutual transfusion of her blood and mine—aut al.*—and as I never received any encouragement toward this innovative measure, the asthenopia subsisted till her death, with some improvement all along, as I believe from the systematic treatment. This was on the principle of seconding her extraordinary blood-making powers, inherited from a father from Brittany—where the large Frenchmen are to be found;—principally and continuously for fifteen years, syrup of superphosphate of iron, three times a day; sal rochelle in broken doses for spells, as the nutrition seemed to need it, or poydophylin for hepatic indications, and acetate of potash and buchu when the kidneys seemed to be congested. There seemed to be no accredited therapeutics of the disease when I took charge of this case, but I now find my simple management approved by the more modern practice. A peculiar element in the case led me to eschew all exhibition of the mercurials throughout; I have already intimated that I could trace no history of frequent or prolonged use of these; yet the case presented throughout the peculiar behavior of mercurial poisoning. At first, for four years, the heart omitted every fifth beat; afterward it recovered and retained this. I have indicated her peculiar sensitive-

ness to the mercurials in the smallest quantities; so excessive was this that I insisted upon her dentist's using the white rubber for her artificial teeth-plate. In 1867 and later, her teeth loosened, until eventually they shook like bell-tongues, and finally fell out, and exhibited roots absorbed down to the merest spindles, chalky and porous, the crowns remaining perfect. Iodide of potassium failed to remedy the looseness, and in this became diagnostic; the proximate cause was no doubt lack of nutrition, uremia predisposing to it. In Dr. Tanner's experience the teeth seemed to succumb after the collective life had withstood the forty days' fast. Her general waste of tissue was such that in 1872 I lifted her on my left arm and ran down a stony hill in Central Park with as much ease as if she had been a child five years old: her waist, then six inches in close girth, had lost six inches or fifty per cent in circumference in six years; her height being above the average. And yet, meanwhile, I had never seen her cheeks or lips pale but once, and that was a cardiac phenomenon in the poetic sense rather than pathological; to be sure, she had then recently been delivered of her second living and healthy child (her third accouchement), but singularly the color never left her lips or cheeks during or after her labors, and hers were the severest I have officiated at, mainly owing to rigidity of the perineum, which only yielded to heroically hot fomentations kept up without remission for—in her second labor—three hours. This second labor lasted twenty-four hours, twelve for the child and twelve for the secundines; for this last stage a declined consultation urged by her parents, lest meddlesome midwifery should lead to hemorrhage from uterine exhaustion. This labor was at the eighth month, brought on by intensely cold weather (in N. Y. City, Feb. 8th, 1861), a fire in the room, and the patient in bed. The child's facial features were paralyzed on the right side for a month or more, their complexion meanwhile going through the phases of bruise. The patient carried her third child ten months, "if your annals are rightly writ."

As a sensation I carried the patient to see Dr. Willard Parker in 1872, who had in 1860 made microscopic examination in her case with the assistance of Dr. Wm. H. Draper, and had found hyaloid casts, renal epithelium, blood, pus, and fat-globules, with albuminuria; Dr. Parker said at this last visit that on her complexion and general appearance I might base boast of a case of Bright's kidney cured. Of course the then present objective signs told another tale. Perhaps the therapeutics of the case may lay some claim to credit from the fact of her second and third children being now stalwart man and

woman, and having escaped all the infantile ailments, excepting slight rachitis and mild measles. To continue the corollary of the comparison with mercurialization. Nutrition failed her in procreation beyond the first month in, I thought, at least half a dozen gestations after the third. So slight a provocation as essaying to help up an old lady friend who fell from superannuation and could not rise unassisted, was sufficient to excite abortion on one occasion. Relevant to the question of nutrition was a symptom she sometimes exhibited, tetanic closing of the jaws, not lasting over five minutes at a time. No other brain symptoms ever obtained, fortunately and singularly.

The heart failed of nutrition in the first few years, being dilated and very thin; but coincidentally with the recovery of the lost beat, it became conservatively hypertrophied, but late in the case developed obstructive murmurs, attributable as much to supervening rheumatic hereditament as to metritic reaction, I think, the rheumatism not being limited to the heart; and I find myself gravitating toward the opinion that the rheumatic poison or condition is itself an outcome of a special malnutrition, notwithstanding the apparent solecism of its appearing in the overthrift (but not only in these); as by analogy we see phthisis in the *ex*-(mark the prefix) athletes. Here it may be proper to express a bare suspicion I have latterly entertained that *tobacco* constitutes an item of the "high living" that generates rheumatism. Hers was hereditary, no doubt, as her father had it in his old age, but hers came too soon, considered aside from her organic embarrassment of the nutrition. And the cardiac symptoms generally yielded to rheumatism-remedies, and latterly, when too urgent to await their action, to hydrocyanic acid. Some over-kind relative, about this time, in my absence, came near anticipating her end by giving her a tablespoonful of "Ayer's Cherry Pectoral" for consumption (she had a cardiac cough), "and Ayer's Cherry Pectoral *always* cures consumption": she was apparently dead for an hour—breathless, pulseless, eyes set, etc.; stimulant infusions, etc., brought her up; and she found herself cured of a very severe cardiac rheumatism, and a prescription for prussic acid received by mail from me the next day unneeded. She seemed to have no organ without its lesion in her latter years; pleurisy had so much obtained that her thorax had no more motion than that of a turtle; she breathed absolutely by the diaphragm. Uterine trouble she escaped until, during my absence in '63 or '64, she got hold of "Mott's Colebiat Pills" (containing much aloes), also, I believe, she had tried, on some absurd persuasion, "*hiacra picra*"; *post hoc* or *propter*, she had con-

siderable uterine distress for a year or two, which yielded to Dr. T. Gaillard Thomas's kind offices in the case.

An idiosyncrasy in the case offers food for speculation, *i.e.*, an extreme sensitiveness to quinine; a sixth of a grain would at any time cinchonize her, even though she might not know she had taken it.

Some account of the dropsy occurring in the case is also due. That mentioned with the first pregnancy did not go beyond slight ascites, and disappeared in the later months without special treatment; this is noteworthy. In the early months of the second pregnancy (only) it was general and excessive, tensifying the skin all over; hands and feet like pin-cushions; she couldn't bear her own weight on her feet nor carry herself upstairs, yet it subsided before delivery, without any very drastic remedial measures and it never appeared again in the course of the case.

The denouement seems to have been inaugurated entirely by the complications. Up to the date of her death, which occurred at 12:15 A. M., January 1st, 1874, she had, as may be gathered from this necessarily discursive record, been able to go about and even take comfort in life, frequently but not constantly indisposed, eating and sleeping well, breathing without embarrassment as long as her mouth was uncovered, and excepting during attacks of cardiac rheumatism, rendering exemplary care to her children physically and morally; her biceps muscles became like iron from "toting" both these children at the same time, slenderly though she was framed—reminding me of Louis XIV.'s mistress, who carried the cow up and down stairs from its calfhood up—and creditably discharging the duties of house-keeping during her interrupted sojourn with me. Her death occurred during one of her protracted visits to her parents in New York City. She had premonitions of her attacks of heart-disease, as was usual with her, and on this occasion even more than usual apprehension of death; yet she neglected injunctions to her own behoof as she would not to another's; she spent the last evening of 1872 comfortably, in family intercourse, taking a quiet interest in a game of chess between her little daughter and her father; retired at 10 o'clock, and slept till 12, when she awoke with distressed breathing, and despatched her father for a physician; but, a few minutes later, standing erect on her bed, she enjoined her mother to care for her children, then leaped to the chamber-door and into her mother's arms, dead.

No autopsy.

Cause: From intimate knowledge of early incidents in the lives of a number of my friends who have died of Bright's kidney, I am led to the conclusion that in this

disease the fatal shock is received early in life and un-awares, and that it is so commonly incurable, simply because the organs involved are virtually destroyed when the first tangible symptom of their degeneration arrests the attention of the patient or the physician; like the patient ass, uncomplaining under wanton abuses, such as arouse telling rebellion from a stomach, liver, lung, heart, or spleen when either of these is so rudely touched. Each intact lobule of the organ, being an epitome of the whole, assuming vicariously its *pro rata* burden of its destroyed neighbors, till the community of lobules, so to speak, become so reduced in number as to be no longer able to discharge its public functions, the proper product of destructive assimilation not being eliminated, the end is reached. I forbear to wind up my rationale with the usual assumed ideotoxic behavior of urea, because I apprehend that the lesson of my exceptional case, here recorded, somewhat impeaches the reliability of that assumption. May not the cerebral symptoms which usher in the usual denouement in Bright's kidney be the result purely of deficiency in the nutrition of the brain matter, as this is now said to be the exciting cause of death under chloroform? We have not here a deleterious agent introduced into an otherwise healthy organism, but a chronic condition of reactionary lesion of many of the organs; and in an era when "the scientific imagination" has a recognized dignity, it may not appear too subtle a vision of physiology to compare a function to an organic system—to assume a circle of nutrition like the vascular system, wherein none can say at what point circulation starts or stops; now call stoppage of elimination an entity; suppose this to "back water" to an arrestive degree against destructive assimilation; now this second to "back water" similarly against constructive assimilation; here we have reached at least a vital point in the circle, and—presto!—we have death from climatic inanition.

Can the most consummate priest of nature step in at this stage of things and satisfy the popular clamor for "a remedy for Bright's kidney!" But the wind only does its duty when it blows; and I suppose it may be considered the fool's proper function to "rush in where angels fear to tread."

I believe the fatal shock to the kidneys in the case above rendered was received on the day of the patient's birth, by her being dipped into a tub of almost ice-cold water by an ignorantly officious friend.

A sequel of this incident at least significant was partial paraplegia, which required the patient to be carried in the arms until she was twelve years of age. Pregnancy's direct or indirect agency in Bright's kidney seems likely to divide professional opinion

for some time to come: may it be hoped that the above case may assist toward agreement.

GEO. S. KING, M.D.

MISCELLANEOUS.

VETERINARY SURGEONS.—The fifth annual commencement exercises of the Columbia Veterinary College took place in Chickering Hall, March 29th, in the presence of a large and very enthusiastic audience.

MODIFIED INOCULATION.—**DR. TEBAULT'S NEW PROCESS OF VACCINATION.**—Two of the members of the special committee of the La. State Board of Health (on contagious diseases) were unavoidably prevented from meeting Dr. C. H. Tebault, at his office, to discuss his new process of modified inoculation. Dr. Formento, the chairman of the committee, was present, and a lengthy conference followed. Dr. Tebault said that for the past 20 years he had been performing these operations of modified inoculation, and in no case had it ever failed in his hands. He had operated with success upon small-pox cases who had recovered from the disease, within six months of such recovery, and had in such cases repeatedly tried the best vaccine, but without result. His reasons for recommending the practise of his modified inoculation are these:

1. It never fails, and it acts more promptly than vaccination.

2. All his experience assures him that persons so operated on do not communicate small-pox by contact, acting in this respect precisely as vaccination.

3. Physicians can always procure it from a known healthy source, and can always have it on the appearance of the first case in our midst.

4. The presence of this most loathsome and dreaded of diseases, by this operation, can be converted from a cause of infection into a means of positive protection to all exposed.

5. Inoculation, thus modified, procures effects as uniform as does vaccination, with the advantage that it is always successful; whereas vaccination has frequently to be repeated several times before it succeeds, thus losing valuable time, when every moment may be important.

6. Modified inoculation will succeed, it matters not how often the person operated on has been successfully vaccinated.

The operation consists in taking the first vesicle that presents itself, and admixing the lymph from this vesicle in cow's milk in the proportion of one

drop of lymph to three or five of milk, according to the age of the subject to be operated on.

CASE OF INTERSTITIAL TUBO-GESTATION. — Dr. Henry Habgood describes the case of a married woman, aged 35, who died with all the symptoms of internal hemorrhage, in the eleventh week of pregnancy.

“At the necropsy there were about five pints of clotted blood in the pelvic and abdominal cavities. On turning this out, the source of the hemorrhage proved to be a sac, formed by the uterine portion of the left Fallopian tube and the wall of the uterus, which had grown outwardly to about the size of a walnut, and then ruptured anteriorly. Chorion villi were distinctly visible in the sac. The opening of the tube into the sac had become obliterated. There was evidence of a previous partial rupture, in the shape of a small hæmatocele, on the posterior aspect of the sac. The foetus had escaped into the abdominal cavity, and was unfortunately lost. The left ovary was closely attached to the left side of the uterus by old bands of lymph, and contained several cysts. The right ovary was normal, and contained a corpus luteum. The uterus was enlarged, and its lining membrane was red and thickened, forming a distinct decidua, that could be easily detached. The bladder was healthy, but contained no urine. The abdominal organs were healthy, but very anæmic.

“With regard to the cause of the arrest of the ovum in that particular spot, I may remark that nothing existed in the Fallopian tube or uterus, in the shape of polypus or fibroid, to cause obstruction, but that there were plenty of adhesions on the left side, matting the uterus, Fallopian tube, and ovary together, altering their relative positions, and possibly causing obstruction. Yet the presence of a corpus luteum in the right ovary, coupled with the cystic condition of the left, would point to the theory of transmigration of the ovum as being the most probable explanation of the phenomenon.”—*British Medical Journal*.

RESECTION OF THE PYLORUS.—In a correspondence to the *Wiener Med. Wochensch.*, Dr. Anton Wölfler, in Vienna, mentions, in regard to the results of the resection of a carcinomatous pylorus, that the woman on whom he performed this dangerous operation one year ago was living in a “splendidly nourished” condition; that all subjective complaints have ceased, and that the repeated and careful examinations have proven to an undeniable certainty that no recurrence of the malignant growth, either in the stomach or in the neighboring lymphatic glands had taken place. He also tells us that the

second patient on whom Billroth operated for the same cause, October 29th, 1881, was “perfectly well, looked strong, and is happy to be able to return to her usual occupation without any disturbance or impediment whatever.”

These are results that should stimulate us to new exertions; the operation is not alone justified, but in proper cases even strongly demanded. “May it,” concludes Wölfler, in his letter, “succeed right frequently, to the benefit of the human race and to the honor of the medical profession.”—*Med. and Surg. Rep.*, Sept. 9.

A GREEN CANCER OF THE CHOROID.—To most minds mere color is a very powerful means of arresting the attention; at all events, momentarily. The medical mind is peculiarly affected by the sight of pathological objects having an unusual color. Though there is hardly any color which has not been seen in the products of the human economy, yet the presence of a green tint in an extraordinary situation is sufficient to set the pathologist on the search after its nature, which, despite his efforts, frequently remains obscure. Dr. Emil Bock recounts in Virchow's *Archiv* the case of a tumor of the choroid which contained biliverdin. The growth was found in a man, aged forty years, who was the subject of cancer of the liver; presumably secondary foci were detected in many parts of the body: arachnoid, lungs, and subcutaneous tissues. A plate is given illustrating the characters of the ocular growth, which was composed of polygonal cells with large round nuclei, the streaks and dots of biliverdin pigment being richly scattered in an intercellular situation.—*Lancet*.

MEDICAL NEWS.

ADULTERATIONS AND CHARITY.—A Spanish magistrate, shocked and exasperated by repeated proof of the adulteration of food in his district, has issued a proclamation aflame with righteous wrath, that “all articles in the shape of wines, groceries, and provisions which upon examination and analysis are proved to be injurious to health, will be confiscated forthwith and distributed to the different charitable institutions.”

ANOTHER MEDICAL VICTIM OF DISSECTION WOUNDS.—An inquest was recently held at Wolverhampton, England, touching the death, under very sad circumstances, of Mr. Herbert Lynsey Manby, a young surgeon practising at Brewood. On March 15th deceased was assisting making a post-mortem examination on the body of a man who had died from congestion of the lungs. While so engaged deceased accident-

ally scratched his right thumb against the jagged edge of one of the ribs of the body. The scratch did not bleed, and was of so slight a character that it was hardly perceptible. He, however, immediately washed the wound in carbolic acid, having taken the precaution to wash his hands in the same liquid before commencing the examination. Three hours afterward he complained of being ill, his right thumb was swollen, and the arm inflamed. He continued to get worse, and died after much suffering. A verdict of death from blood poisoning was returned.

"SLANDERED BY FOUNDLING HOSPITALS."—About ten years ago the Grand Duke of Hesse was left a legacy of \$100,000 by the widow of a functionary for the purpose of building a foundling hospital in one of the principal cities of the duchy, Darmstadt, Mayence, or Giessen. The grand duke has been unable to carry out the wishes of the testator, as the municipalities of these cities have persistently refused the gift, on the almost inconceivable ground that such an establishment would be a grave slur on the morals of the inhabitants.

DR. A. E. DRAGER, a prominent physician of Danville, Illinois, died April 13th, 1883.

FLOATING HOSPITALS.—The German admiralty are going to try a novel experiment, as they intend to send a complete hospital ship to accompany the Baltic squadron on its evolutionary cruise. A corvette has been fitted with cots, requisites for the sick and wounded, instruments, and operating tables. It is intended that in any future war the vessel shall accompany the fleet into action, carrying the Geneva flag; and, in order further to distinguish her, she has been painted white with a red streak.

BORN WITH A BEARD AND TEETH.—A child has been born in Turkish Kurdistan with a full beard and mustache, a set of 32 perfect teeth and no fewer than 40 distinct and well-formed fingers. Naturally such a prodigy attracted great attention, but several visitors inspected it to their cost; for it snapped its 32 teeth at everybody who came within range with energy and success.

DR. CAROLINE S. PEASE, a member of the Rensselaer County Medical Society, has been appointed a member of the staff of the Troy Hospital, Troy, N.Y., taking the department of obstetrics and diseases of women and children.

MISSOURI THERAPEUTICS.—An old fellow in Missouri, who claims to be a root doctor, has but

three medicines in his pharmacopœia. He names them respectively Hibobalorum, Lobobahirum and Hilobustem. One is a cathartic, another an emetic and the last a "rank pizen," which will bust his patients open. He makes the first by peeling the bark downward, the second by peeling it upward, and the last by peeling it around.

DR. T. A. MCGRAW of Detroit has been chosen to fill the vacancy in the Board of Health of that city, created by the death of Dr. Farrand.

DR. GULLY, the Malvern (England) Hydropathist, of Bravo case notoriety, is dead.

DR. BRAXTON HICKS has resigned the position of obstetric physician, and has been succeeded by Dr. Galabin, his late assistant.

OSSIFIED CYSTIC KIDNEY.—At a late meeting of the Sheffield Medico-Chirurgical Society, Dr. Law showed the pathological specimens from a case of aortic and mitral orifice disease, where an "ossified cystic" kidney was found on the left side.

GENEVA, Illinois, has appropriated \$12,000 to erect a county insane asylum.

RACINE, Wisconsin, is going to have an insane hospital.

DR. W. E. QUINE, one of the ablest professors of the Chicago Medical College faculty, has resigned his chair.

A COLLEGE OF MIDWIFERY has been established in this city. The object of the institution is to give instruction to all desirous of learning the art of midwifery. There are, we are told, only two others of similar design in America.

NURSES' TRAINING SCHOOL OF THE NEW YORK HOSPITAL.—The commencement exercises of the graduating class of the Training School for Nurses attached to the New York Hospital were given April 5th in the lecture-room of the institution. This was the first commencement of the school, which has been in successful operation since 1877, and the exercises were attended by a number of the friends of the pupils and of the hospital. The school numbers twenty-six pupils, of whom nine were graduated.

THE Conservative students of Glasgow University have resolved to bring forward the Marquis of Bute as a candidate for the office of Lord Rector. It is expected that the name of the Liberal nominee will be announced in a few days.

EDITORIALS.

WILL THE PENAL CODE DIMINISH SUICIDE.—It has been claimed that the attempt to make suicide a crime, and to punish the attempter thereof as a criminal, is from a psychological standpoint decidedly advisable. The man, it is said, who attempts suicide from a feeling that his life is a failure, or from financial stress, would think twice on the subject, if he thought his act would put him in a criminal category. In favor of this proposition is cited the instance of the women of old, among whom an epidemic of suicide prevailed, which was checked by exposing the suicide's naked body to the gaze of the populace. In consequence of these and similar views punitive legislation was adapted in the Anglo-Saxon requiring that every suicide should be punished by being buried in the centre of four cross-roads, with a stake through his heart. In those early days burial in unconsecrated ground was a terrible doom, and the addition of mutilation to this rendered that doom still more horrible. From these penalties insane suicides were exempted. What was the result? Did it diminish suicide? This cannot be settled, but one thing it did do; it led to the rendition by coroners' juries of an invariable verdict in all cases of suicide, "committed during temporary aberration of mind." And such, no doubt, will be the result of the penal code. The soft-hearted juries before whom cases of attempted suicide are tried will gush over the suicide's woes, and promptly find him not guilty on the ground of insanity. For the penal code to produce any effect it should be sternly executed, and in these days of cant and gush such execution is impossible.

EXERCISE.—The *Lancet* says on this subject that "It should be understood by the public, as it is known to the profession, that the aim of exercise is not solely to work the organism which is thrown into activity, though that is one, and a very important part of the object in view, because as the living body works, it feeds, and as it feeds it is replenished; but there is another purpose in exercise, and that is to call into action and stimulate the *faculty of recuperation*. Those who believe in the existence of a special system, or series of trophic nerves, will not object to this designation of the recuperative function as a separate "faculty," and those who believe nutrition to be effected in and by the ordinary innervation, will recognize the sense in which we employ the term in italics. It is through defect or deficiency in the vigor of this faculty that unaccustomed feats of strength, whether of mind or muscle, are found to be exhausting. The task is

performed, but the underlying faculty of restorative energy or power of recuperative nutrition, located in the particular part exceptionally exercised, is not in a condition to respond to the unusual call made upon it. When a man goes into training, or, which is practically the same thing, when he habituates himself to the performance of a special class of work, he so develops this recuperative power or function that the repair or replenishing necessary to restore the integrity or replace the strength of the tissue "used up" in the exercise is instantly performed. The difference between being accustomed to exercise and able to work "without feeling it," and being barely able to accomplish a special task, and having it "taken out" of one by the exploit, whether mental or physical, is the difference between possessing the power of rapid repair by nutrition and not having that power in working order—so that some time must elapse before recovery takes place, and during the interval there will be "fatigue" and more or less exhaustion. The practical value of a recognition of this commonplace fact in physiology will be found in the guidance it affords as to the best and most direct way of developing the power or faculty of recuperation by exercise. Many persons make the mistake of doing too much. Exercise, with a view to recuperation, should never so much exceed the capacity of the recuperative faculty as to prostrate the nervous energy. The work done ought not to produce any great sense of fatigue. If "exhaustion" be experienced, the exercise has been excessive in amount. The best plan to pursue is to begin with a very moderate amount of work, continued during a brief period, and to make the length of the interval between the cessation of exercise and the recovery of a feeling of "freshness" the guide as to the increase of exercise. We do not mean that false sense of revival which is sometimes derived from the recourse to stimulants, but genuine recovery after a brief period of rest and the use of plain nutritious food. If this very simple rule were carried into practice by those who desire to "grow strong," there would be less disappointment, and a generally better result than often attends the endeavor to profit by exercise unintelligently employed.

TO PHYSICIANS.—A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient. Specimen copies of the Journal will be sent to any addresses which subscribers may be kind enough to furnish.—EDITOR.

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ORIGINAL ABSTRACTS.

VARIOLA IN UTERI.—Dr. J. Bunyan Stephens (*Southern Practitioner*, November, 1882) reports the case of a nineteen-year-old negress, who was taken with small-pox in the latter end of August, and recovered in September. On October 15th, she was taken with labor pains, and after a few hours of natural labor, she was delivered of a still-born infant in about the 6th month of uterine development. While at the small-pox hospital and up to within two or three days of the time of her miscarriage, she time and again, each day, felt perceptibly the movements of the fœtus. At the time of her discharge from the small-pox hospital and up to October 15th, when the labor pains manifested themselves, she felt perfectly well, and knew of no reason for her premature labor. The fœtus, which, in the opinion of the attending physician, Dr. C. Mitchell, had apparently been dead two or three days, was markedly pitted on face and head, more sparsely on the body and extremities. The fœtal surface of the placenta was also well marked with similar cicatrices, so thickly placed as almost to approach the confluent type.

Dr. Stephens says: "The question naturally arises, whether, if the maternal attack had occurred at an earlier period of utero-gestation, and even so late as the 5th or 6th month, and the full term of gestation had been accomplished with a living child resulting, might not a complete or almost complete effacement of the characteristic marks have occurred, the offspring being afterward insusceptible to variolous or vaccinal virus? Is it not also possible that a female, while *enciente*, passing through the perfect and complete stages of successful *vaccination*, will give birth to a child who will have the same immunity from variola or subsequent vaccination as herself?" Many reported cases tend to answer these questions in the affirmative.

PREGNANCY VOMITING MISTAKEN FOR GASTRIC ULCER.—Dr. A. H. P. Leuf (*Medical Society of Kings County Proceedings*, April, 1883) reports a case of vomiting from pregnancy, which, from the symptoms presented, was mistaken for gastric ulcer. The first hæmatemesis occurred at the time when the menses should have presented themselves. The patient died, and on autopsy the stomach was found to be congested, and had varicose veins at œsophageal opening. Some red streaks ran toward the pylorus about half the length of the stomach. The congestive area was two centimetres in front and to the left of the cardiac orifice. There had evidently been some hemorrhage from this previous to death. The uterus was in the third month of gestation. Fœtus, male. Only a small, ill-defined and dark corpus luteum to be seen in the left ovary, measuring about one centimetre in diameter. All the other thoracic and abdominal viscera were healthy. The brain and cord were not examined. The *causa mortis* was inanition, due to hyperemesis caused by pregnancy. Dr. Leuf says: "No one treating this case suspected pregnancy, and if they had, it should have been at once dismissed as altogether unpalpable. The young lady had an excellent reputation, and was engaged to be married. No one that knew her would have harbored the thought of pregnancy for a moment in her case. The symptoms, also, pointed directly to a local gastric affection rather than any other. The congestion of the stomach at the œsophageal opening is, as a rule, the result, and not the cause of vomiting. The case demonstrates the necessity of sometimes emptying the pregnant uterus." With all due deference to Dr. Leuf's opinion, one cannot help suspecting that death was due to an irritant poison taken as an abortifacient.

ECZEMATOUS ULCER OF LEG.—Dr. W. Chaney, Detroit (*Michigan Medical News*) has had ex-

cellent success in the treatment of this affection with ointment of petroleum and iodoform. A widow, aged 30 years, hard-working, living in damp and illy lighted apartments, had an eczematous ulcer, as large as a silver dollar, on the inner aspect of lower third of leg. Anorexia, anæmia, hysteria beside, with copious sanious discharge from the painful ulcer, were prominent symptoms. She was ordered all-day rides in the open air, and to take internally, three times a day, 20 drops of muriated tincture of iron with one thirtieth of a grain of corrosive sublimate, in a suitable vehicle. He made daily applications to the ulcer of $\mathcal{R}$ unguent petrolei ζ ii., Iodoformi 3 j., M.; with firm even pressure by means of roller bandage. The results were excellent, but it seems a little far fetched to refer them to the local application only.

ESSENCE OF PEPPERMINT IN ANAL PRURITUS.—Dr. N. F. Folsom (*Michigan Medical News*) states that he has found the essence of peppermint, repeated as frequently as necessary, extremely valuable as a direct application in pruritus ani. In addition, with a view to relieve the condition of which the itching is a symptom, he advises an ointment of alum and bathing the parts with cold water on retiring for the night.

BERBERIS AQUIFOLIUM.—Mr. Henry B. Parsons (*Boston Medical and Surgical Journal*) has written in the Report of the United States Commissioner of Agriculture upon the above drug, used to some extent in the West, chiefly as a tonic and febrifuge. Its alkaloids are berberine and oxyacanthine, the same as those of common barberry-root, and there is no reason to expect any more from the new than from the older species of berberis. There are also starch, wax, gum, sugar, resin, and a "black substance," but none of these are of therapeutic value. The journal says that "There is no need of any new source of berberine, which is an alkaloid, the bitterness of whose salts is out of proportion to their tonic qualities." On the other hand, Dr. Ellett, Starkville, Miss. (*Therapeutic Gazette*, April, 1883) has had good effects from it as a tonic in certain cachectic conditions.

SIERRA SALVIA IN LEUCORRHOEA.—Dr. W. A. Gordon, Hannibal, Mo. (*Therapeutic Gazette*, April, 1883) says that "a tablespoonful of the tincture of this drug to a pint of hot water has produced excellent results in leucorrhœa, where it seemed to be caused by uterine catarrh. He has cured two cases of gleet with it, and failed in three. Two out of the three failures, the symptoms were aggravated with

each day's treatment, and one had quite severe chordee. All these cases were taking twenty-drop doses three times a day. The case of chordee was treated with medicated cocoa butter bougies until relieved, when at the end of a week, three-drop doses were again tried, with the effect of aggravating all his symptoms. As a remedy in muco-purulent bronchorrhœa it is valuable. It is usually given in glycerine, flavored with orange or lemon syrup; and in this disease it can be happily combined with eucalyptus.

OXYDENDRON IN ANASARCA.—Dr. Floyd Clendenen, La Salle, Ill. (*Therapeutic Gazette*, April, 1883) calls attention to a drug which the electrics have had good success with in the treatment of dropsy. The drug in question is sourwood (oxydendron), which grows abundantly through the Southern States. The leaves and bark of the sourwood contain the medicinal properties, being diuretic and laxative. The best way to use it is to make a semi-solid extract, which should be worked into two-grain pills, to be given in doses of two or three pills, three times daily, gradually increasing the dose each day until twelve or fifteen pills are given during the day, then gradually decreased day by day until the original dose is reached. By this mode of treatment dropsical effusions of the worst form are often removed. Not only in anasarca, but also in hydrocephalus and hydrocele has the fluid been known to be drained off by means of the sourwood. Allowing for Dr. Clendenen's enthusiasm, the drug seems to merit investigation, although the claims made for it as regards hydrocephalus seem to result from an application of the *post hoc ergo propter hoc* principle.

SEPTIC NATURE OF THE LOCHIÆ.—Karewski (*Deutsche Medicinische Wochenschrift*) claims that: First, all lochial fluids, both normal and septic, are capable of exciting in animals septic and ichoræmic affections. Second, the virulence of lochiæ grows with the length of childbed and puerperal troubles. Third, the septic symptoms seemed to depend on spherical micro-organisms found in infected localities. Fourth, infections thus produced can be transmitted to other animals. He believes that micrococci are furnished by the atmosphere, and find in the vagina favorable conditions for their development and propagation. The diseases thus excited are of the same character, but different in intensity.

TOXIC EFFECTS OF VIBURNUM PRUNIFOLIUM.—Dr. E. O. Herrick (*Obstetric Gazette*) claims that toxic effects result from viburnum taken in con-

siderable doses. He reports several cases of uterine disease treated with *viburnum prunifolium*, given in the usual way, in which the patients complained of dizziness, dimness of vision, dryness of the mouth, and occasional staggering like that observed in locomotor ataxia. These symptoms disappeared at once when the medicine was stopped, and reappeared when it was readministered in the same doses. He admits that he was in the habit of referring these symptoms to the uterine conditions. He considers it very important that physicians generally should be on the lookout to properly interpret symptoms which present themselves in cases which are being treated with *viburnum prunifolium*.

ORIGINAL ARTICLES.

ANTISEPTIC TREATMENT OF WOUNDS. Read before the South-west Kentucky Medical Society, at its Semi-Annual Meeting of November last, at Fulton, Ky. By JOSEPH W. THOMPSON, M.D., Paducah, Ky.

There is no subject that ought to possess more interest to surgeons, than the treatment of wounds.

The professional mind is still somewhat divided as to the advantages of the antiseptic treatment, but it is evident that a majority of surgeons are adopting this method of treating wounds.

I am a believer in the germ theory of Mr. Lister, yet I do not propose to discuss that subject in this paper, as I only wish to embody the treatment of wounds.

Sir James Paget, the acknowledged authority in British surgery, recently stated that "antiseptics and drainage are the most important perhaps of all the provisions made in healing wounds." A comparison of the success in the treatment of wounds before the introduction of the Listerian method, with that now accomplished by the aid of it compels us to acknowledge the antiseptic treatment to be the greatest advance made in surgery in the past fifty years.

The aim of this system of treatment is to prevent fermentation and putrefaction, thereby removing the cause of septicæmia and pyæmia, the bane of surgical practice. The preventing of putrefaction in wounds has revolutionized surgical practice, and so much lessened the dangers attending capital operations, that the surgeon is emboldened to do them with promise of great success.

Many of us can take a retrospect of experience in both military and civil practice previous to accept-

ing the aseptic treatment of wounds as recommended by Mr. Lister and others, and remember what fatal results followed from septicæmia or blood poison. In the large, crowded, and more older metropolitan hospitals, with hygienic surroundings, with the antiseptic treatment applied, the major operations can be performed without the fear of septicæmia, pyæmia, or erysipelas.

William Stokes, F.R.C.S., Prof. of Surgery in Royal College of Surgeons, Ireland, says, in referring to the hygienic surroundings of a large old hospital in Dublin, of which he is one of the visiting surgeons; "None of the more modern arrangements, so essential as regards heat, light, and ventilation, exist. It is situated in a poor and very densely populated part of the city, with tenement-houses, dairy-yards, cattle-sheds and stables in its neighborhood, and some of the houses in its immediate vicinity have been designated by the medical officers of health as 'fever nests.'

"When I was a student there, erysipelas and pyæmia were not unfrequently observed after operations even of no great magnitude. Hospital gangrene, too, I have seen several instances of. In fact, these three diseases constitute a grim trio of which the surgeons had not unnaturally a dread.

"Let it not be thought that the occurrence of these was in any way attributed to want of care and attention to cleanliness. No cases could, in this respect, be more conscientiously or carefully managed. What now exists? Hospital gangrene is an extinct disease. Nor have we observed, during a period extending over six years, a single case of septicæmia, pyæmia, or erysipelas following an operation where the practice of Lister was accurately carried out. Accurately, for everything depends on that. The practice has been well compared to a coat of mail. 'It must be perfect.'" The same distinguished surgeon relates fourteen cases of excision of the knee-joint. The wound in nine instances united without the least suppuration, and in the last of them only three dressings were required. In seven weeks the patients were going about. I recently treated a case of wound in the knee-joint, antiseptically, in which there was the slightest trace of pus. In seven weeks he was walking on crutches with but little discomfort. I used Listerism thoroughly in the case. The success in knee-joint resections and in treating knee-joint wound antiseptically is sufficient to satisfy me of the great value of this system of treating wounds.

Every candid, observing student of surgery is compelled to acknowledge the immense advantage of antiseptics in ovariectomy, and, in fact, all abdominal surgery. We could well afford to rest the claims of

aseptic treatment of wounds upon its success in surgery in the large joints and upon abdominal surgery. But its undoubted success in preventing putrefaction of all wounds, thereby removing to a great extent blood poison from the battle-field of the surgeon, makes our foundation broad enough to stand upon against all opposing views. We find, on the 35th annual report of the Samaritan Hospital for the year 1881, a statistical report of ovariectomy. During that year there were eighty-four ovariectomies, and ten deaths. Dr. Bantock treated thirty-four cases antiseptically, of which eight died, or twenty-three and a fraction per cent. Dr. Knowsley Thornton operated antiseptically in forty-one cases, with two deaths.

Mr. Meredith had nine ovariectomies with antiseptics, of which none died. Dr. Bantock explains that five of his fatal cases died from causes having no bearing on the question of antiseptics. But there remained three deaths in thirty-four ovariectomies treated non-antiseptically against two in fifty cases treated antiseptically. Then there were eighty-seven non-antiseptic operations, with thirteen deaths, against ninety-four antiseptic operations with five deaths. These were all in the same hospital, under the same circumstances, with operators of like experience, and regarded equally skilful. In that hospital in 1881, there was a mortality of about seven per cent, with antiseptics, against about thirty per cent without antiseptics.

The above facts are strong arguments in favor of antiseptics in surgery. It is true that Dr. Keith has abandoned the spray in ovariectomy, for the reason that he suspects that he had two or three deaths from poison of carbolic acid. The spray solutions, used in eighty successful ovariectomies were weak. And then he began using five per cent solutions, which may have been too strong, thereby producing carbolic acid poison in the fatal cases. With the exception of the carbolized spray, Mr. Keith continues to practise all the other antiseptic precautions. But if there should be an exceptional death from a remedy that has been the means of saving so many valuable lives, is that a sufficient reason for abandoning its use? Should we exclude chloroform, ether, and all other anæsthetics, together with opium, because there has been a rare death resulting from administration, when so many lives are saved and so much suffering averted by their use? Let us wait for Dr. Keith to have eighty successful ovariectomies without the spray, then we will be satisfied that it should be dispensed with in this operation. In the treatment of compound fractures, the success has been greatly increased since the introduction of aseptic treatment of wounds.

By the aid of the Listerian method we are able to have useful limbs with compound fractures, that, before the introduction of this treatment, had to be sacrificed. Then the recovery from this character of fracture is so much more rapid when aseptically treated, which is another advantage in surgery that should not be unheeded.

Much progress has been made in surgery of the hand by the application of the antiseptic dressing. With the proper applications of this treatment, severely crushed hands and fingers may be saved, with good functions remaining. I have had rather extensive experience with hand injuries, as chief surgeon of the Chesapeake, Ohio and South-western Railroad. My treatment of wounds of the hand and fingers is to wash them thoroughly with a strong solution of carbolic acid, then envelop the wounded part with absorbent cotton, saturated with ten per cent carbolized olive oil. I often do not remove this dressing for a week; and when the carbolized oil is used, pour it over the dressing every day or two. Instead of the carbolized oil, I sometimes dust the wound with finely powdered iodoform, and then apply the absorbent cotton. When the iodoform is used, I do not moisten the dressing with the carbolized oil. As a rule, the wound continues to have a sweetish, pleasant smell.

By observing this treatment we obviate interfering with the partial union of the torn fingers, which more frequent dressings are liable to do. And this is a very important part in the treatment of crushed fingers. The advance made in the surgery of the hand by the adoption of the Listerian method of treatment is a blessing to all classes, especially to the large class of laborers now engaged so extensively in the various departments of machinery. Carbolic acid in various forms is the basis of Mr. Lister's aseptic treatment of wounds. When applied properly, according to Lister's rules, I am sure experience proves that fermentation in wounds can be prevented. The good effects of carbolic acid is due to its action as a germicide; or in some other way controlling excessive inflammation. That it is a powerful germicide is acknowledged; but there is a school of surgeons who claim that it acts in some special way other than as a germicide when applied to an open wound. My distinguished friend, Prof. W. L. Briggs, in a paper read before the American Surgical Association at its meeting in June last, on the antiseptic treatment of wounds after operations and injuries, remarks: "It is well known that when carbolic acid is applied to the unbroken cuticle, it produces a numbing or anæsthetizing effect. May it not be that this action is rendered more intense by the

agent being brought in contact with an open wound, that it so deadens and paralyzes the sentient nerve fibres as to lessen the susceptibility of the part to irritation and subsequent inflammation."

In this way Prof. Briggs attempts to explain the action of carbolic acid in preventing fermentation in wounds. Notwithstanding the difference of opinion on this subject, it is a fact that cannot be successfully denied, that the aseptic treatment of wounds by this remedy has caused a greater progress to be made in surgery, during the past decade, than during the previous half century; and for that advance we are principally indebted to the genius of Prof. Lister.

Iodoform is regarded by many German surgeons as a reliable antiseptic remedy, and is now being freely used in the treatment of wounds in that country. Prof. Sands of New York reports very favorably of it in the treatment of wounds. He refers especially to the applicability of iodoform as a disinfectant after operations for the removal of malignant diseases and tumors from the mouth and rectum, as carbolic acid would be liable to prove poisonous in such regions if used in sufficient strength to act antiseptically.

My experience with iodoform in the treatment of wounds and injuries has not been so extensive as that with carbolic acid, yet I have used it considerably in wounds of the hand and foot and in venereal ulcers with rather gratifying results. I have thought in some cases, where the use of iodoform was protracted, say several weeks, that the wound became rather sluggish, the granulations appearing to be flabby. I do not wish to speak positively as to that result of iodoform, but my observation in that way is sufficient, I think, to call the attention of surgeons to such an effect.

Sulphurous acid has recently been used as an antiseptic in the St. George Hospital, London, with good results, producing no unpleasant effects.

If fermentation in wounds can be prevented, the danger of septicæmia and pyæmia will be removed. To prevent that putrefaction is what surgeons aim to accomplish by the antiseptic treatment. I am very sure if a prompt, thorough, and systematic antiseptic treatment is resorted to, putrefaction can in most cases be prevented. I am alluding to a thorough, systematic treatment where every precaution is used; not the imperfect manner which is most frequently practised, of sprinkling the parts every hour or two with a solution of carbolic acid.

Those who claim to disbelieve in the advantage of the antiseptic treatment of wounds, attribute the great success of the system to cleanliness. That

cleanliness is an essential factor in the treatment of wounds must be acknowledged; but that will not explain the much increased success in wound treatment. Cleanliness and hygienic principles are no more rigidly enforced now, in many hospitals, than they were before the introduction of Mr. Lister's treatment; yet the per cent of success in the major part of all operations, and the most dangerous ones, is so much increased in those hospitals that justice and a candid desire for a well-established truth in science, by which humanity has been so greatly benefited, ought to be sufficient to silence all opposition, and stop what seems to be an unfounded war upon a well-established principle.

Ere long the disputed points in the subject will be unravelled, having so many able, conscientious, and honest workers investigating them. And I predict that the discoveries will establish a more thorough antiseptic treatment of wounds.

SELECTIONS.

STERILITY IN WOMAN. Delivered in the Royal College of Physicians, London, by J. MATTHEWS DUNCAN, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, etc.

Excluding some remarks as to the influence of marriage in causing sterility in woman, we have shown chiefly the influence of age in its production. Marking out by statistical evidence certain ages as peculiarly affected with sterility, we find at these same ages, in a proportion above the average, excessive families, pluriparity, weakly or idiotic children, etc., and not only in exaggerated proportion, but combined one with another. It is therefore reasonable to describe the sterile ages as ages of imperfect reproduction, and to associate or identify with sterility the conditions of excessive production, pluriparity, etc., which are demonstrated to have alliance with it. In other words, sterility, excessive families, and pluriparity are alternatives one of another, and almost certainly own the same general causes.

I know no cause of sterility or of its allies, excessive production, pluriparity, abortion, etc., that can be compared with age in extent and power. In discussing the cure of sterility, I shall allude to various minor causes which may operate in individual cases, but have no extensive influence. But there are causes which probably have a great place in the production of this condition whose action is only

believed, not demonstrated. Such are bad general health, cold, and heat. The influence of bad general health is well observed in plants, but I know no good evidence of it in woman other than the testimony of medical practitioners. The influence of cold and of heat on sterility has been much studied, and attempts have been made to get additional light on the matter by collecting observations of their influence on the age of commencement and cessation of menstruation. The subject divides itself into two portions : First, the influence of cold and heat on women breeding in their native lands ; second, the same influence as exerted on women born in cold climates and transported to hot, or born in hot climates and transported to cold. But the data obtained are, in my opinion, quite unsufficient for any reasoning being securely based. The hearsay evidence also requires scrutiny. We often hear, for example, of a girl, say of eleven, bearing a child in India, and this is held as proof of early fecundity there. We rarely hear of the same occurrence in this country ; and the reason of this alleged greater frequency in India may be not earlier fecundity there, but earlier exposure of a large number of girls to the risk of becoming pregnant.

There are several important subjects, more or less closely bearing on our inquiry, which I pass by with mention only. Among these is the influence of cold and of heat on the commencement and stoppage of menstruation, an influence regarding which it is scarcely, by the statistical evidence, made probable that cold retards the appearance and hastens the stoppage, though many considerations support this view. Another is the generally accredited influence of nursing in delaying the return of menstruation and the recurrence of pregnancy. Regarding these matters Robertson has made valuable remarks, and collected many, though insufficient, observations. The great subject of interbreeding in its production of sterility I also pass over. The evidence regarding it is very bulky, and requires most careful sifting. In plants and animals the demonstration of this injurious influence of interbreeding in producing imperfection of offspring and sterility is copiously illustrated, and may be said to be well made out ; but it is not so in the case of man. Yet, in the case of man, there is a most extensive, though not universal, consensus of intelligent opinion that interbreeding has the same general influence as in plants and animals, and to the entertainment of this view the strong analogy of plants and animals lends powerful encouragement. The injurious influence in man, indeed, probably acts after birth, for there is accumulating evidence that peculiar diseases, specially

of the eyes, affect, by preference, the offspring of near relations.

“The evil consequences,” says Darwin, “of long-continued close interbreeding are not so easily recognized as the good effects from crossing, for the deterioration is gradual. Nevertheless, it is the general opinion of those who have had most experience, especially with animals which propagate quickly, that evil does inevitably follow sooner or later, but at different rates with different animals. No doubt a false belief may unduly prevail, like a superstition ; yet it is difficult to suppose that so many acute and original observers have all been deceived at the expense of much cost and trouble. . . . The loss of fertility, when it occurs, seems never to be absolute, but only relative, to animals of the same blood ; so that this sterility is, to a certain extent, analogous with that of self-impotent plants which cannot be fertilized by their own pollen, but are perfectly fertile with pollen of any other plant of the same species. The fact of infertility of this peculiar nature being one of the results of long-continued interbreeding, shows that interbreeding does not act merely by combining and augmenting various morbid tendencies common to both parents ; for animals with such tendencies, if not at the time actually ill, can generally propagate their kind. Although offspring descended from the nearest blood relations are not necessarily deteriorated in structure, yet some authors believe that they are eminently liable to malformations ; and this is not improbable, as everything which lessens the vital powers acts in this manner. Instances of this kind have been recorded in the case of pigs, bloodhounds, and some other animals.” “In the case of man,” he elsewhere remarks, “the question whether evil follows from close interbreeding will probably never be answered by direct evidence, as he propagates his kind so slowly, and cannot be subjected to experiment ; but the almost universal practice of all races at all times of avoiding closely related marriages is an argument of considerable weight, and whatever conclusion we arrive at in regard to the higher animals may be safely extended to man.”

Leaving several minor or little known causes of sterility to be mentioned in the next Lecture, I now turn to other matters in its history which throw light on its theory, and there are two worthy of great consideration. These are the well-known association of dysmenorrhœa with sterility, and the state of sexual appetite and sexual pleasure in sterile women.

Menstruation, when natural or healthy, is attended with no pain, and with little or no disturbance of general health. When there is pain or considerable

disturbance of health, the condition is called dysmenorrhœa, and it is plain that the term covers a wide and ill-defined field of disorder and disease. It is with dysmenorrhœa, as thus vaguely defined, that sterility is prevalently believed to be very frequently associated; and there can, in my opinion, be no doubt of the truth of the general belief.

There is a kind of dysmenorrhœa, regarding which I would enter into more details. It is called spasmodic, being regarded as a neurosis characterized by painful uterine spasms, which may be described as having no known object in view. It is often called mechanical or obstructive, terms implying a theory of its cause and implying also that the spasms are, so to speak, intended for the expulsion of the menstrual fluid accumulating in the uterine cavity and distending it. There is no good evidence of the mechanical obstruction, nor of the accumulation of menstrual fluid, nor of the dilatation of the uterine cavity, nor of the use of the painful uterine contractions; and as all admit the presence of these contractions or painful spasms, I shall call this kind of dysmenorrhœa spasmodic. It is a kind of dysmenorrhœa that is gradually, and I think justly, restricting to itself alone this term—the only real, positive, recognizable uterine dysmenorrhœa, or the dysmenorrhœa proper.

It is of this dysmenorrhœa proper that I am now to speak, and it is known by the following characters. It may occur at any time during the flow of menses, sometimes even before it begins; and, in cases of amenorrhœa, it may occur at the time of the menstrual molimen. In the very great majority of cases it occurs on the first or second day of the flow, and it is generally severer when the flow is scanty than when it is copious. The pain is constant or in pangs; and the pangs may be more or less distinct—in other words, the intermissions of the pain may be more or less complete. The frequency of the pangs varies, five to ten in an hour being common. The pain is rarely accompanied by bearing down, strangury, or tenesmus. It varies in severity, rising occasionally to the intensest agony, with cold sweats, vomiting, and other symptoms of prostration or collapse. Suffering from it the patient rolls about and groans, and the restlessness is not that of fever, but of gripping pain. It may last only a few minutes, but generally it goes on for hours, the number of hours rarely exceeding four or five. It rarely returns during the current menstrual period. It is generally aggravated by marriage. In women who suffer from this disease there is a super-sensitive condition of the interior of the body of the uterus, and, I think, especially of the internal os uteri, this condition

being tested by the contact of a uterine probe or sound.

In making inquiries as to the connection of this dysmenorrhœa proper with sterility, I have frequently, but not always, satisfied myself of the presence of all of these characters. Particularly, I have not classed with this dysmenorrhœa any case in which the severe pain lasted more than a day. In all inquiries as to pain, there is, owing to the indefiniteness of language and the tendency of patients to exaggerate or make light of their troubles, extreme insecurity of statistical statements. I have tried to avoid being misled in 332 cases which I have, during the last five years, taken down in my notes. These 332 cases were all absolutely sterile—that is, all women who had had an abortion or a child are excluded. Of these 332 married women 159 suffered from spasmodic dysmenorrhœa, or nearly half. It is a most grave fault in my argument that I unfortunately cannot give the frequency of dysmenorrhœa among the fertile. But I can meantime only declare the importance of the omission and express my belief, in accord with universal professional opinion, that among the fertile dysmenorrhœa is comparatively uncommon. The connection of a neurosis of this kind with sterility cannot be unimportant, and I cannot leave the subject without expressing my belief of the association of it with abortion and miscarriage also.

Other mutually allied neurotic conditions demand full consideration—namely, sexual appetite or desire and sexual pleasure or satisfaction of the appetite by coitus. In investigating the matter great difficulties are met with from the delicate nature of the inquiry, the difficulty of making sure that the patient understands clearly what is the question to be answered, and the impossibility of finding words of well-defined meaning, or of the same meaning in different mouths. But these difficulties are not insuperable, and error is lessened by relying on a large number of concurring observations.

Sexual desire and pleasure have to be considered separately, because, though they are naturally found combined in the same case, they are far from being invariably so. A woman, with healthy sexual organs, may have sexual desire and no pleasure, or even the reverse, and she may have no desire and yet have pleasure. Although pregnancy and childbearing are natural consequences of sexual desire and pleasure, there is little or no connection between the latter and the wish to bear children. The desire for offspring may be intense, while there is neither desire nor pleasure, and the desire to avoid pregnancy may be intense while there is desire and pleasure. Desire

and pleasure may be excessive, furious, overpowering, without bringing the female into the class of maniacs. They may be temporary, healthy, and moderate; they may be absent or null. Instead of sexual desire there may be sexual aversion; and instead of sexual pleasure there may be only feelings of disturbance or pain. Instead of sexual desire there may be intense sexual antipathy, and instead of sexual pleasure there may be severe suffering, even agony in coitus.

The variations of desire are chiefly on the positive side, greater or less. Desire may be absent. From the zero or indifferent condition there is, however, not rarely observed a rise into aversion or antipathy, and this, in married women, without any feeling regarding the husband other than affectionate. It is well known that desire may be fostered at special times by various stimulants of passion; but, apart from such occasions, it may be increased or diminished or annihilated. This is a general belief, and I have frequently had spontaneous testimony of individuals to the same effect. The influence of society and its amusements, of diet, of special kinds of reading, of association with males, is well known and recognized in the increase of sexual desire; and the influence of the opposite conditions, of a truly ascetic life, is equally certain. Desire may, during the childbearing period of life, undergo great changes without any apparent cause; at one time, and it may be for years, being positive, at another time absent or negative.

Sexual pleasure must not be regarded as in all respects like sexual desire, and requires separate description. Its variations are chiefly on the positive side. It may be absent. Its variations on the negative side are, however, most remarkable. There may be slight or very great suffering, or the intensest agony; and this is often accompanied by more or less active involuntary local sphincteric resistance to penetration, called vaginismus. But the words pain and agony are here used in a quite extraordinary and misleading way. There is no pain, such as that of the infliction of a wound or contusion, or that of toothache or neuralgia. There may indeed be, in cases of diseased sexual organs, common pain of the kinds mentioned, caused by sexual congress, but of such pain we are not here speaking.

All kinds of pain or discomfort in coitus are often, nowadays, classed as dyspareunia, but I think the word may be well restricted to the condition I am describing; or the condition may be called simple dyspareunia, and there is no common pain in simple dyspareunia. It has an analogue in disgust, but dyspareunia rises to far higher degrees than dis-

gust. As sexual pleasure rises in intensity above all other kinds of pleasure, so dyspareunia reaches degrees exceeding those of the intensest disgust. The disgust of a child is often painfully intense, its resistance to tasting and swallowing involuntary and powerful, and often followed by vomiting the matter whether tasted or not; and as all this is not common pain in tasting and swallowing, so dyspareunia is not pain in sexual connection. Sexual pleasure and dyspareunia differ from gustatory pleasure and disgust in this, that while the former are one in kind and in all degrees excited by the same cause, the latter are various in kind, and elicited by different substances in each case. Pleasure, then, may vary from the intensest to mere indifference; and simple dyspareunia may rise from mere indifference to the highest degree, with sphincteric resistance to penetration, opisthotonos, and a state almost of insensibility.

Pleasure is probably not directly increased by the causes of increase of desire, but the increase of desire is probably a cause of increase of pleasure, as hunger enhances the pleasures of taste. Pleasure is increased by continence and diminished, or annulled, or converted into slight dyspareunia by over-indulgence. Sexual pleasure may vary without apparent cause, disappearing for short periods or for years, and reappearing with the same appearance of caprice. Pleasure is frequently absent at marriage, and gradually developed during the continuance of that state. If it is slight at marriage, then coitus will be painful, the common and not simple dyspareunic pain overpowering the pleasure and preventing it.

Describing the lower animals in this respect, we guess by aid of analogy, but the analogy is so strong as to endow the guess with a high degree of assurance, reaching nearly to certainty. We may be sure that animals, generally, feel sexual desire, and that this sexual desire occurs normally or naturally only in connection with fecundity. In many domestic, or otherwise well-known, animals there is sexual desire only in the rutting season, and at other times not only an absence of sexual desire, but a positive sexual antipathy. A bitch not in heat will angrily resist any attempt at sexual approach by the male, while quite ready for any other kind of play. Of sexual pleasure in female lower animals we know very little, but we may be sure it exists. Of its existence in males we have abundant evidence, and we may thence argue that it exists in females. Nothing is commoner in dogs than what may be called masturbation. This kind of sexual pleasure is generally believed to be increased by confinement, and the evidence afforded by zoological collections is held to be good.

I know nothing regarding the connection of sexual pleasure in animals with fertility or sterility, but we have the testimony of Darwin to the presence, in animals that are confined, of sexual desire, sometimes in excessive degree; sexual indulgence being held as evidence of sexual desire; and the sexual excess is often connected with sterility. "Monkeys," says he, in the Nine-Year Report from the Zoological Gardens, "are stated to unite most freely, but during this period, though many individuals were kept, there were only seven births." Elsewhere he says, that "although many of the felidæ breed readily in the Zoological Gardens, yet conception by no means always follows union. In the Nine-Year Report, various species are specified which were observed to couple seventy-three times, and no doubt this must have passed many times unnoticed; yet from the seventy-three unions only fifteen births ensued." In many animals under confinement there is no coupling, and this may be assumed to indicate absence of desire in female as well as male.

It is an almost universal opinion that in woman desire and pleasure are in every case present, or are in every case called forth by the proper stimulants. The opinion is founded on experience, and it is, no doubt, nearly true; but the exceptions to the rule are numerous and important. It is also a popular opinion that desire and pleasure are essential elements in fecundity, and in cases of rape followed by pregnancy, that consequence has been made ground of defence against the charge. Great authors, among whom is Ambrose Paré, recommend the excitement by dalliance of great desire, as a remedy of sterility.

I think it is very nearly certain that desire and pleasure in due or moderate degree are very important aids to, or predisposing causes of, fecundity, not on account of their own proper attractiveness, but on account of some connection between them and the perfection of other parts of the complicated proceedings which result in fecundation. But this is only a firmly held opinion, for I can give no conclusive evidence or proof of it; and this absence of proof diminishes greatly the value of my observations on the absence of desire and pleasure in the sterile. The want most acutely felt here is a knowledge of the state, in this respect, of the fertile. In producing evidence as to the sterile, I shall assume that sexual desire and pleasure are very rarely absent in the fertile. Excess of sexual desire is probably unfavorable to fertility. It is recognized chiefly by excessive indulgence in sexual pleasure, and is observed in the weak and ill-conditioned, in imbeciles and idiots, as it is also in animals under confine-

ment. Excessive indulgence in sexual pleasure is also probably unfavorable to fertility, or a cause of sterility; and it probably is specially influential in the young, as it may also be in prostitutes. In these circumstances the births of females are, on good grounds, believed to be far above the ordinary average, in proportion to males.

Masturbation in females is an unnatural and generally excessive indulgence in artificial sexual pleasure. It has always appeared to me to affect especially children and young women of weak mind. I have often been struck by the smallness or imperfect development of the external parts in young women who masturbate, and I have not rarely observed what appeared excessively high development of sexual desire in women who had imperfection or absence of internal genital organs. In one, dissection revealed the presence of ovaries and Fallopian tubes only. Some confirmation of these views may be found in cases such as that of Campbell,* in which a woman addicted to masturbation had never menstruated, and had imperfectly developed genital organs; she had, however, also a dermoid cyst of the ovary. Aran† has a case, of what he describes as frightful excess of masturbation, in a young woman dying of phthisis, whose uterus and appendages were found to be very imperfectly developed. Kussmaul‡ mentions the concurrence of masturbation and nymphomania with imperfect development of the uterus and the genital organs; and Joulin§ refers to a case of Vaddington's where absence of uterus and exaggerated sexual appetite were combined.

Entire absence of desire and pleasure, or of one of them, or the presence of intense sexual antipathy and dyspareunia are not necessarily causes of sterility. It is not at all rare for women to be pregnant and bear healthy children who aver in the distinctest manner not only absence of desire and pleasure, but presence of the opposite conditions. But the following statistics make it highly probable that absence of desire and pleasure and the presence of their opposites are powerful influences favorable to sterility. The statistics do not indicate what was occasionally found—namely, that desire was present while pleasure was absent; or, in other cases, that desire was absent while pleasure was present. The cases observed were all in women absolutely sterile, of whom the great majority consulted me regarding the sterility. Among 191 sterile wives desire was absent in 39, or in about 1 in 4. Among 196 of the same

* Memoir on Extra-uterine Gestation, p. 30.

† Leçons Cliniques sur les Maladies de l'Utérus, p. 89.

‡ Von dem angel, etc., der Gebärmutter, S. 74.

§ Accouchements, p. 138.

sterile wives pleasure was absent in 62, or in about 1 in 3. The figures show that many sterile wives had desire but no pleasure. They do not show, what nevertheless is true, that some had pleasure who had no desire. (See Table XXIII.)

TABLE XXIII.—*Case-book Table of Desire and Pleasure in Sterile Women.*

Age at marriage.	Number.	Desire.			Pleasure.		
		Present.	Absent.	No note.	Present.	Absent.	No note.
Fifteen to nineteen	59	18	4	37	15	8	36
Twenty to twenty-four	220	78	18	124	69	27	124
Twenty - five to twenty-nine	134	35	12	87	31	18	85
Thirty to thirty-four	53	16	3	40	14	5	40
Thirty - five to thirty-nine	23	3	1	19	3	3	17
Forty to forty-five.	9	2	1	6	2	1	6

I have a strong impression, derived from all I know and have observed, which I may express theoretically, that while in healthy normal women there is abundance of sexual or reproductive energy for fertility and all its accompaniments, in many sterile, or relatively sterile, women, there is deficiency which may be exhibited in one or another, or in all the ordinary evidences of reproductive energy, and that excess or deficiency in one department may be associated with deficiency or excess in another. It would seem that in women of deficient reproductive energy, excess in one department might be compensated by deficiency in another, and *vice versa*, there being only a limited store of the original energy. In illustration, a remarkable class of cases may be cited, which I shall sufficiently describe by stating generally the chief points in one : A robust healthy woman is married at eighteen ; she bears three children and has four miscarriages before she has passed twenty-three years of age. Up to the birth of her last child, and for five years subsequently, she experiences no sexual desire, and has no pleasure. Five years after her last pregnancy she almost suddenly comes to have intense desire and pleasure, but remains sterile for four additional years before she seeks a cure of her sterility. Fertility present, while desire and pleasure are absent : sterility present, while desire and pleasure are present.

PROCEEDINGS OF SOCIETIES.

THE SANITARY COUNCIL OF THE MISSISSIPPI VALLEY.—In response to the regular notification, the following-named representatives and delegates assem-

bled in the hall of the House of Representatives, in the Capitol at Jackson, Mississippi, on the morning of April 3d :

Arkansas : Dr. J. A. Dibbrell, Jr., Little Rock, Secretary State Board of Health. Illinois : Drs. W. A. Haskell, Alton, member, and John H. Rauch (Secretary of the The Council) Secretary, State Board of Health ; J. M. Hall, Chicago, Health Department ; Jas. G. Kiernan, Chicago ; R. J. Curtiss, Joliet ; B. M. Griffith and J. L. Million, Springfield ; A. Schlernitzauer, Belleville ; P. H. Barton, Danville ; H. LeCaron, Braidwood ; W. A. Doak, Martinsville ; Heber Robarts, Carbondale. Indiana : Dr. H. G. Jones, Evansville, Health Department. Iowa : Dr. W. H. Dickinson, Des Moines, member State Board of Health. Louisiana : Drs. Gustav Devron and L. F. Salomon, and Messrs. Edward Fenner and W. B. Schmidt, New Orleans Auxiliary Sanitary Association ; Drs. D. C. Holliday and J.M. Watkins, New Orleans Medical and Surgical Association ; Dr. W. G. Austin, Orleans Parish Medical Society ; Col. J. C. Clarke, Vice-President Illinois Central R. R., So. Div. ; Messrs. Adolph Schreiber and John Chaffee, New Orleans, Cotton Exchange ; George Purvis, Lumber Exchange ; W. M. Smallwood, Produce Exchange, and G. H. Ryan and Wm. Grayner, members of the City Council. Mississippi : Drs. F. W. Dancy, President, Wirt Johnston, Secretary, and S. V. D. Hill, W. F. Hyer, Robert Kells, B. F. Kittrell, C. A. Rice, J. M. Taylor and J. Wright, members State Board of Health ; Messrs. A. M. Paxton and A. Shelton, Vicksburg. Michigan : Dr. R. C. Kedzie, Lansing, representing State Board of Health. Missouri : Drs. Joseph Spiegelhalter and Robert Luedeking, St. Louis Board of Health ; Dr. W. B. Outten, representing the M. P. & S. W. railway system. Ohio : Dr. L. C. Carr, Cincinnati. Tennessee : Dr. G. B. Thornton, Memphis, member State Board of Health ; Hon. David P. Hadden, Memphis, President Legislative Council ; Messrs. S. L. Barinds, Memphis Cotton Exchange, and John K. Speed, Memphis Merchants' Exchange. Wisconsin : Prof. W. W. Daniells, Madison, member State Board of Health.

The Council was called to order by the President, Dr. Devron, of Louisiana, and the session was opened with prayer by the Rev. Dr. John Hunter ; after which his Excellency, Governor Lowry, welcomed the delegates and representatives to the capital of his State, and expressed the belief that their deliberations would be characterized by such concert of action as would inspire confidence among the people that every proper measure would be employed to prevent the introduction and spread of infectious dis-

ease. He entirely appreciated the importance of the deliberations of such a body, composed alike of those vested with authority in matters of quarantine and other subjects connected with the preservation of the public health, and of representatives of the great material interests of the West and South—interests so quickly and profoundly affected by quarantine restrictions, not less than by the rumors, often baseless and unfounded, but which served, nevertheless, to throw communities into panic and alarm. Mississippi is fully alive to the dangers arising from the neglect of proper precautions; from want of concert of action between neighboring States and communities; and from the absence of authoritative and trustworthy information from exposed points. With implicit confidence in the wisdom, integrity and ability of the State Board of Health, which is clothed with ample power and supplied with abundant means, he felt warranted in pledging the State of Mississippi to earnest and cordial co-operation in the objects of the Council, to which it was unnecessary to add assurances of his own personal and official sympathy and support.

Under the regular order of business, at the conclusion of Governor Lowry's address, the roll of members was called. The minutes of the fourth annual session, held at Cairo, Illinois, April 19th, 20th, 1882, and of a special meeting held at Indianapolis, Indiana, October 19th, 1882, during the session of the American Public Health Association in that city, were then read and approved. On motion of Dr. Rauch, of Illinois, the delegates *in posse*, whose names had been signed as in attendance and had presented proper credentials, were elected to membership.

On behalf of the Executive Committee, the President, as Chairman, reported as follows: Gentlemen: Those members who have been previously present at sessions of the Sanitary Council of the Mississippi Valley may recognize in the presence of the present delegation representatives from the commercial and other interests not heretofore represented, they having been invited by the Executive Committee who, in tendering such invitation, deemed the present convention of vital importance to all. The main and sole object of this body is the protection of human life from imported and contagious diseases from any point, and this object is to be attained with the least possible restriction to travel and commerce. New Orleans has been considered the source of pestilence, producing yellow fever, and non-residents as well as residents sustained this view. Non-residents are also under the impression that the city is the source and cause of danger, while the citizens, or a part of them,

recognized no necessity for quarantine. Experience has taught the public at large, as well as the medical profession, that yellow fever does not originate in New Orleans, nor will it ever propagate there to any excessive and dangerous extent if that city is kept clean. The experience and labors of the Sanitary Association, in preserving the gutters, canals and streets in complete and good condition, have proven the above assertion beyond a doubt; and as the merchants of New Orleans are fully aware that the city can never be a large and prosperous commercial metropolis so long as it is supposed to be a centre for the distribution of yellow fever, they will contribute freely and with open hands funds to the Sanitary Association, and thus continue the good work of keeping the city clean and free from imported disease. Again, though the Board of Health of Louisiana is not represented in this convention, that body has given the visiting delegates from New Orleans very positive assurance that a strict and rigid quarantine shall be established and maintained, from May 1st, at all ports of entry in the State of Louisiana.

If any case of yellow fever or suspicious case should occur in the city of New Orleans, they have pledged themselves to give immediate, accurate, complete and truthful information of the same to the health officers of this valley. In order that this statement may not be taken as the opinion of a member of that Board, a special session will take place this very day, if it was not held within the passed twenty-four hours, and resolutions will be passed to this effect, and will be transmitted to this Convention before adjournment. Moreover, if any question or request from this Council be transmitted by telegram to the President or Conference Committee of the Board of Health of Louisiana, a special meeting will be held and the answer thereto immediately returned: thereby securing a better understanding than can result from the assertion of any delegate from that body, who cannot bind the Board of Health by his representation or acts. The National Board of Health, through its Secretary, has informed those interested in its objects, that it yet continues its work of inspection and co-operation with the State and local authorities; but as its time of existence is limited to some time in June, the successor to this organization must be created by the Council in order that the old shot-gun and other unnecessary quarantines be not repeated as they existed previous to the creation of the National Board of Health, and this is a subject of importance for the discussion, consideration and decision of the Sanitary Council of the Mississippi Valley.

Under the call for reports from special committees, Dr. Rauch, the Chairman of the Committee on Im-

migrant Inspection, with reference to small-pox importation, reported that the inspection service of the National Board of Health, indorsed and recommended by the Council at its Cairo meeting, was begun on the first of June last, and continued, substantially, up to the close of December. Its value had been amply demonstrated alike in the protection of our own people from imported contagion over a vast area of country, especially in the interior, extending from Minnesota to Texas; in protecting the immigrant from the results of his own neglect; and in relieving common carriers from the menace of local and State quarantines of exclusion. The committee was unanimous as to the desirability of a continuance of the service, of which, however, there was little prospect in the present crippled condition of the National Board of Health. Dr. Hyer, of Mississippi, moved that the report of the committee be adopted. Carried.

Dr. Salomon, of Louisiana, from the Committee on the Effects of the Mississippi Overflows on the Public Health, made a verbal report of progress, and referred to an elaborate paper of Dr. Stanford E. Chaille, of New Orleans, on this subject, in which the data of seventeen inundations of New Orleans, between 1718 and 1881, are studied. The conclusion arrived at by Dr. Chaille, from the facts and views cited in his paper, is that they "fail to indicate that the partial inundations of New Orleans have ever influenced unfavorably its mortality, whether by yellow fever, by cholera, by malarial fevers or diseases generally." On motion of Dr. Jones, of Indiana, the report was received, and the committee granted further time.

The report of the Treasurer was received and referred to the Auditing Committee, consisting of Messrs. Chaffee, Hadden and Fenner. On motion of Dr. Kedzie, of Michigan, a committee of one from each State represented in the Council, was authorized to formulate the new business for the meeting. The committee was composed as follows: J. A. Dibble, Jr., Arkansas. B. M. Griffith, Illinois. H. G. Jones, Indiana. W. H. Dickinson, Iowa. D. C. Holliday, Louisiana. W. F. Hyer, Mississippi. Jos. Spiegelhalter, Missouri. L. C. Carr, Ohio. G. B. Thornton, Tennessee. W. W. Daniells, Wisconsin. R. C. Kedzie, Michigan, Chairman. To this committee was referred the President's address, reports of various committees, and the following communication, furnished by Dr. Thornton, of Tennessee:

NATIONAL BOARD OF HEALTH,

WASHINGTON, March 26, 1883.

DR. J. H. PURNELL, *Secretary Board of Health,*
Memphis, Tenn.:

DEAR SIR: Inquiries having been received at this

office, concerning the action to be taken by the National Board of Health during the yellow-fever season. I have been instructed to communicate to you the intentions of the Board, so far as they can be formed with certainty under present conditions. The law of 1879, under which the Board maintains its refuge stations at Ship Island, Miss., Sapelo Sound, Ga., and Elizabeth River, Virginia, and its inspection service at New Orleans and on the Mississippi River, will expire on June 2d next. There has, however, been appropriated by the sundry civil appropriation bill of March 3d last, the sum of \$100,000, to be used by the President in case of an actual or threatened epidemic in aid of State and local boards or otherwise, in his discretion, for preventing or suppressing the disease, and maintaining quarantine at points of danger.

As the Board has the authority and the means to open its stations in aid of State and local boards for the prevention of the introduction and spread of yellow fever, it proposes to do so some time in May next, to co-operate with the local authorities as heretofore, and to continue the work until its authority shall have expired. If, in the mean time, the President should come to the assistance of the Board with the epidemic appropriation placed at his disposal, the work can be continued until the close of the season of danger; but should the Board be disappointed in this, its power to aid will cease, and State and local authorities will have to take such action in the case as may seem good to them.

I am, sir, with much respect,

C. H. SMART,

Major and Surgeon U. S. A., and Secretary
National Board of Health.

The Secretary read a number of communications, among them regrets at unavoidable absence and expressions of approval of the Council and its objects and methods from Dr. J. J. Speed, Secretary of the Kentucky State Board of Health; Dr. R. B. S. Hargis, of the Pensacola, Fla., Board of Health; Dr. Hillary Ryan, Caldwell, Texas; Dr. A. W. Cantwell, Health Officer, Davenport, Ia.; Dr. Pinckney Thompson, of Henderson, Ky., member State Board of Health; the St. Louis Cotton Exchange, railway officers and steamboat-men of St. Louis and Memphis, and other individuals and organizations.

Pending the report of the Business Committee, Col. Clarke was invited to address the members on the relations of sanitation to commerce, and responded in a terse, vigorous and eminently common sense speech. He dealt especially with the relation of sanitary work to railroads, and of the pecuniary

value of such work to all classes of common carriers, whether by rail or river. Its importance to the nation was dwelt upon, and the hope expressed that a National Health Department would be some day established. He briefly alluded to the relations of the Council to the Louisiana State Board of Health, and trusted that any existing differences might be speedily removed and harmony between all health organizations and officials prevail. Dr. Outten, for the Missouri, Pacific and South-western railway system, followed in the same general strain, and expressed the interest felt by the general transportation officials of St. Louis in the work of the Council.

The Hon. Edward Fenner, First Vice-President of the New Orleans Auxiliary Sanitary Association, detailed the objects of that organization and what it had accomplished for New Orleans. Mr. T. W. Ryan, of the New Orleans City Council, spoke briefly on behalf of the municipal authorities of that city, and expressed their sympathy with the objects of the Sanitary Council. The Hon. D. P. Hadden, President of the Legislative Council of the Taxing District, gave an account of the working of the Waring drainage and sewerage system of Memphis, and stated that the sanitary condition of the city was much improved by this, and by other work recommended by the national Board of Health Commission. The Secretary read a communication from the Secretary of the Louisiana State Board of Health, transmitting the preamble and resolutions adopted by that body as the result of a request of the State, parish and New Orleans medical societies, "that the State Board of Health appoint immediately a committee to confer with committees from said societies, and with a third committee, to be appointed by the New Orleans Auxiliary Sanitary Association, for the purpose of discussing in joint meeting such subjects as are likely to come up before the meeting of the Sanitary Council of the Mississippi Valley, which is to take place on Tuesday, April 3d, in Jackson, Miss."

The preamble and resolutions of the Louisiana Board are as follows :

WHEREAS, at a conference meeting of the several delegations of the medical, commercial and sanitary organizations of New Orleans, held on the thirty-first ultimo, it was resolved that the State Board of Health of Louisiana reaffirm and set forth its previous declarations in relation to matters connected with the prevention of the introduction of contagious diseases through the maintenance of a rigid quarantine through the summer months ; be it, therefore, *Resolved*, That the State Board of Health of Louisi-

ana hereby declares as follows : 1. That it will maintain during the summer months a system of rigid maritime quarantine for the exclusion of contagious diseases, in accordance with the proclamation of the governor, just issued. 2. That it will give to the boards of health of surrounding States prompt information of the appearance of yellow fever in New Orleans, and in no manner (in the future, as in the past) will it tolerate any attempt to conceal or suppress the knowledge of the existence of any cases or suspicious cases of that disease. 3. That it will permit its health records to be examined by any citizen of Louisiana or by any citizen of any other State, located in New Orleans, properly delegated by any kindred organization for the performance of that duty. 4. That the resources of the State Board of Health for quarantine purposes are fully adequate to enable it to guarantee that there will be no interruption to the same. On motion of Dr. Austin, of Louisiana, the communication was received, and, after some discussion, the preamble and resolutions were referred to the Business Committee.

Wednesday, April 4th.—The Council proceeded to the consideration of the following report, submitted by Dr. Kedzie, Chairman of the Business Committee, and which, after discussion and amendment, was adopted : *Mr. President* : The committee, consisting of one member from each State represented in the Sanitary Council of the Mississippi Valley, to formulate a project of business for the consideration of the Council, presents, as its report, the following preamble and resolutions, and recommends their adoption : Whereas, It is the sense of the Sanitary Council of the Mississippi Valley that the National Board of Health possesses to the fullest extent the confidence of the States of the Valley ; it is, therefore, *Resolved*, That a committee be appointed by the president of this Council to petition the President of the United States to place the \$100,000 epidemic fund in the hands of the National Board of Health for disbursement in case its use is demanded. *Resolved*, That in case the National Board of Health is deprived of the power of making inspections of persons and freight when demanded by the local boards of health, certificates issued under the supervision of a representative or representatives of the Sanitary Council of the Mississippi Valley shall be accepted as valid by the boards of health of the Mississippi Valley, provided that said inspections be carried on under the rules and regulations heretofore prescribed by the National Board of Health. *Resolved*, That the Sanitary Council recommends that the States of the Valley make voluntary contributions, to be expended under the direction of the Executive

Committee of this Council, to continue river and rail inspections in the event that no funds are placed in the hands of the National Board of Health for that purpose. *Resolved*, That the Sanitary Council recommends for the guidance of the Health Organizations of this Valley, the system of inspection, isolation, disinfection and quarantine heretofore prescribed by the National Board of Health. *Resolved*, That the communication of the Louisiana State Board of Health be received in the spirit in which it is tendered, and that its co-operation with the Sanitary Council of the Mississippi Valley, in protecting the valley from epidemic diseases, will be cordially approved and acknowledged. All of which is respectfully submitted. R. C. Kedzie, Chairman, B. M. Griffith, W. H. Dickinson, Jos. Spiegelhalter, G. B. Thornton, J. A. Dibbrell, Jr., H. G. Jones, W. T. Hyer, L. C. Carr, W. W. Daniells, D. C. Holliday, Secretary.

The practicability of carrying out the third resolution was discussed by Drs. Dibbrell, Thornton, Outten, Spiegelhalter and Holliday, and by Messrs. Hadden and Schmidt. Dr. Rauch, in reply to a question from Dr. Holliday, said he was satisfied that the money could be raised for such a purpose; that the Illinois State Board of Health would do its share; that he knew of the existence of one corporation that would not hesitate to assume the support of at least one inspector in New Orleans, and called attention to the following passage from the letter of Mr. Thos. H. West, President of the St. Louis Cotton Exchange, as an earnest of the sentiment of commercial organizations and business men: We believe such measures are not only necessary to guard the public health, but of vast importance to the commercial interest; and this Exchange will gladly use its influence in aiding the Council in carrying out any practical system of quarantine for the general good of the Mississippi Valley.

Colonel Clarke decried the parsimony of the General Government in withholding the few thousand dollars necessary for the protection of the health and business welfare of thirty millions of people, and pledged himself to further the purpose of the resolution in every way possible. The President announced the following as the committee to prepare the memorial provided by the first resolution: J. A. Dibbrell, Jr., M.D., Arkansas; W. A. Haskell, M.D., Illinois; H. G. Jones, M.D., Indiana; W. H. Dickinson, M.D., Iowa; Jas. J. Speed, M.D., Kentucky; Hon. Edward Fenner, Louisiana; R. C. Kedzie, M.D., Michigan; F. W. Dancy, M.D., Mississippi; Jos. Spiegelhalter, M.D., Missouri; L. C. Carr, M.D., Ohio; Hon. D. P. Hadden,

Tennessee; Prof. W. W. Daniells, Wisconsin. The committee was instructed to secure the indorsement of the governors of their respective States for the memorial, and to induce them to use their full influence in its favor.

Dr. Rauch moved that the next annual meeting of the Council be held on the third Wednesday in March, 1884, unless circumstances arise to justify the Executive Committee in calling it for an earlier date. Adopted. He also called attention to a suspicious cholera-like affection prevailing in some portions of Mexico, and suggested the necessity of vigilance on the part of the Gulf and Rio Grande authorities concerning its spread. The election of officers being next in order, Dr. Wirt Johnston, of Jackson, Miss., was nominated for President, and elected by a ballot cast by the Secretary at the request of the Council. The Hon. D. P. Hadden, of Memphis, was duly elected Vice-President.

The following votes of thanks were tendered with the usual remarks: To the retiring President, Dr. Devron, for the dignity and ability shown by him as presiding officer. To Colonel J. C. Clarke, for the courtesies shown by him to the Council. To the press, for its careful and exact reports, and the aid furnished by it in the furtherance of the objects of the Council. To the citizens and authorities of Jackson, Miss., for their cordial reception and many hospitalities. The Auditing Committee reported that the accounts of the Treasurer had been examined and found correct.

The following draft of the memorial to the President of the United States, authorized at the morning session, was submitted by the Committee: *To the President*: We, a committee appointed by the Sanitary Council of the Mississippi Valley, at its fifth annual meeting, in the city of Jackson, Miss., April 3d, 4th, 1883, do humbly but sincerely petition that the fund of \$100,000, to be used, with your approval, in the event of an outbreak of yellow fever or other epidemic disease on the coasts of our country, be placed at the disposal of the National Board of Health. That body can give confidence to the people of the Valley as to the necessary precautions and safeguards yearly demanded by the exposure of our Southern ports to the ravages of yellow fever. Their inspection stations and the mode their officers have adopted in isolation and disinfection, establishing quarantine only when emergency or occasion demands it, have earned for the National Board a degree of confidence that, of itself alone, is worth millions of dollars to the commerce of the country. To supplant this body or withhold from it the necessary funds to maintain inspection stations at

all exposed points will, in our humble judgment, clog the wheels of commerce by bringing about a feeling of distrust on the first alarm, be it true or false, and cause recourse to the shot-gun policy of quarantine, which can but prove destructive to the commercial interests of the Mississippi Valley, which in a measure affect those of the entire Union. With these views, submitted with full faith in your judgment, and appreciation of the solicitude you must feel for the welfare of the public health, we herewith subscribe ourselves, your most humble petitioners. On motion the draft of the memorial was approved, and it was ordered to be engrossed and signed by the delegates from the States of Ohio, Indiana, Illinois, Kentucky, Iowa, Tennessee, Missouri, Michigan, Wisconsin, Louisiana, Arkansas and Mississippi, and to be forwarded to the President at Washington.

The following preamble and resolution were introduced and unanimously adopted :

Whereas, The commendable interest of the Auxiliary Sanitary Association of New Orleans, as manifested by its local work, in practical sanitation and its efforts to maintain a high standard of public health in that city, since its organization in 1879, as well as to restore confidence in communities outside of New Orleans having commercial intercourse with it by the prompt publication of reliable information pertaining to the public health of that city, entitle it to the confidence and moral support of this Council, and the whole Mississippi Valley ; therefore, *Resolved*, That this Council rightly appreciating the objects and efforts of the Auxiliary Sanitary Association in the delicate and responsible duties it has assumed, to preserve the public health, and at the same time maintain the integrity of the business interests of New Orleans and those having commercial relations with it, we hereby pledge our moral support to the Auxiliary Association as its just due, and heartily commend it to the confidence of all having commercial relations with New Orleans.

At the request of the President, the Secretary read the following letter from Dr. Hargis, of Pensacola, the paper therein referred to—On the Sanitary Management of Yellow Fever—being received too late for action in the regular order : “ MY DEAR DR. DEVRON : Intended to leave this city for Jackson, Miss., this morning, but am I prevented by a fortuitous circumstance. I deeply regret it, and the more because I had no premonition until a moment ago, and now have not time to say what I would like to say to the members of the Council on the occasion of the present meeting and its importance to future sanitation in the South, and especially the great

Valley of the Mississippi. I herewith transmit you a paper which I proposed to read to the Council and will thank you to read or have it read for me before that distinguished body. As the mail closes in a few minutes I have scarcely time to add, that although I am debarred the pleasure and gratification of greeting the Council, and participating in its deliberations *in propria persona*, it is gratifying to have the privilege to write that it has my warmest sympathies and sincere wishes for a pleasant and fruitful conference.” On motion, the fifth annual meeting of the Council was declared adjourned *sine die*.

N. Y. ACADEMY OF MEDICINE. DR. FORDYCE BARKER, President. April 19th.

Dr. Austin Flint, Jr., presented the following preamble resolutions :

Whereas, The Academy has adopted the code of the American Medical Association, and whereas fellows are required to sign the constitution and by-laws of this Academy, be it resolved that the Committee on Admissions be instructed not to report for admission any candidate for fellowship who cannot consistently sign this constitution and by-laws. And that the support of this Academy be given to the code of ethics of the American Medical Association until that body sees fit to change it.

After adverse discussion by Drs. Agnew and St. John Roosa, a motion was made to lay Dr. Flint's resolution on the table. This was lost by a vote of 60 to 32.

Dr. Agnew maintained that the resolutions offered were virtually changes in the by-laws, and must be acted upon as such. The chairman decided that the resolutions were simply instructions to a committee.

Dr. Flint's motion, that the resolutions be adopted, was put and carried by a vote of 58 to 25. Dr. Flint moved that this motion be reconsidered. Dr. Gouley amended this motion to read that the reconsideration should be indefinitely postponed. This was carried. Dr. Flint then presented the following resolutions : *Resolved*, That this Academy disavows any sympathy with the action of the State Medical Society regarding the Code of Ethics, and gives its allegiance to the code of the American Medical Association, until changed by that body. This was carried. Moved to be reconsidered and its reconsideration indefinitely postponed. Drs. R. F. Weir, Fordyce Barker, St. John Roosa and C. R. Agnew tendered their resignations as fellows of the Academy ; the Academy then adjourned till the first Thursday in October.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Regular meeting, April 25th, 1883. Dr. E. M. REID, President, in the chair. Dr. W. F. HILL, Secretary.

Dr. A. T. Shertzer brought before the society an interesting case concerning which he wished the opinion of the members. The patient was a young man of 18 years, who for several months has been suffering from thickening and enlargement on the left side of the neck, with considerable swelling along the region of the eighth and ninth ribs of the same side, and decidedly anæmic; he had come from the lower portion of Maryland, where it is extremely malarial; he has had ague, but there is no splenic enlargement. During the past month the lad has become more anæmic, but the swellings have not increased.

Prof. Coskey had seen several similar cases, all however from rural, aguish sections, and was inclined to believe that was a clew to the etiology of such cases.

Prof. Michael said that while the enlargements were glandular, there was no evidence of scrofulosis.

Dr. Chambers believed the case to be one of leucocythæmia, and suggested the microscopic examination of his blood, which will be made.

Dr. Norris had just had a case precisely similar in a young man about the same age, which developed immediately after vaccination. He treated the case with alteratives and chalybeates, with iodine externally, but death supervened at the expiration of four weeks.

The regular paper for the evening was by Prof. J. E. Michael, the subject being "The Operation for Cleft Soft Palate." He described a case on whom he had recently operated, in the person of a young lady 17 years of age. He operated without the use of anæsthetics, believing them advisable only in children. He used very long-handled knives, and always took away a large amount of tissue, in order to produce a clean surface for free union. This operation was performed in sixty minutes, with but little bleeding. On the fourth day he removed the two upper sutures, and on the fifth day the two remaining ones. There was not the slightest gaping, and on the seventh day the union was complete, and the patient discharged cured. The doctor advised that in operating the incision should always be made from below upward, as by the reverse method the downward flow of the blood would greatly interfere with the work of the operator. He exhibited needles of his own device for this operation, which are curved somewhat in the shape of the ordinary fish-hook. By their use the insertion could be made from be-

hind forward, and then caught by ordinary forceps and secured. By inserting them with the ordinary staff needle it was more difficult, as the action of the tensor palati muscle is to pull the parts to the side and back, thus rendering the soft parts less stable. He preferred silk sutures to any other, as they were more apt to fill up the orifice made by the needle, and then there would be less oozing of blood which, if very great, would prevent rapid union. A very important element of success was to keep the patient from talking, and to allow only liquid food.

ORIGINAL CORRESPONDENCE.

ST. LOUIS, May 20, 1883.

DEAR DOCTOR:

Among the matters of medical interest here, has been the death of an actor who was a decidedly interesting case of aphasia and agraphia. The following is the history of this case, according to Dr. Dean, of the St. Louis City Hospital. D. K. R., aged forty years, comedian, well-formed head, right-handed. No history of syphilis obtainable and family and personal history otherwise good. While acting a part, in which he was well up, patient suddenly lost all command of speech, though his part still remained clear. A few days afterward, Feb. 13th, 1879, he was brought to this hospital. At the time of his admission patient appeared to be in fair health, though somewhat anæmic. No hemiplegia, right or left. What at first might be taken, while his features were at rest, for a slight paretic condition of the right oral muscles, appeared to be an acquired peculiarity, patient evidently being accustomed to assuming dignified attitudes, and sober, if not thoughtful, looks during the intervals of speech, even when he attempted to be jocose. His tactile sensibility and sensibility to temperature, and his sense of smell, taste, sight and hearing were unimpaired. The half-dozen words, more or less, of his vocabulary he articulated without awkwardness and distinctly. His gestures were usually expressive; his dancing somewhat comic but never shambling. No albuminuria, no heart lesion, no atheromatous feel at the radial pulse. Did not complain of pain in the head and did not know of receiving any injuries in the head from blows or in any other way. Had no delusions. He could not write, and in answer to almost any interrogation he would reply: "Somebody, yes, sir, here," gesturing toward his forehead, "good here," gesturing toward the lower part of his face and neck vaguely, and shaking his head, "somebody, you bet!" While he did not seem to be

ashamed of his impairment like some aphasics, he appeared to be nonplussed, and not simply annoyed and vexed, like one who, feeling for his word, can at best say "pshaw!" with a meaning to be understood. Still he would strike an attitude as if that furnished relief, and he supposed himself made clear to the inquirer. If asked for a pen, a broom, or a cup, etc., he would start for and get it with great alacrity and ceremony, repeating his "somebody" and the like. He gained from day to day, adding to his repertoire of words, "Good man, you, you, me this, this" (pointing to his two fingers and meaning he would go out in two days); and by degrees he came to write his own name and mine quite legibly. At his own request he was discharged March 24th, 1879. May 20th he was readmitted, and he remained until June 3d. During this sojourn he made himself familiar with every one who would take time with him, and when not thus occupied, or with work, he busied himself writing on slips of paper his own name and others with business addresses, etc., some of which he wrote from memory, not having them before him to copy—though after once writing a name he used that as a copy or improved upon it, and copying two or three notices. Holding up four or more fingers, and then going to the calendar to show on what day of the week the fourth or other day from current date would fall, would say "Good man, this, this," and write: "McNanny and R— is going out next Monday. D. K. R. left the Milan Jasper company in Louisville, Ky. D. V. Dean, H. H. Smith, Sam Smith, D. K. R—," etc. From his very first admission, he could sing exceedingly creditably several airs, notably the "Marseillaise," which he carried through without missing a single syllable. Nov. 22d, 1879, he brought the Grand Opera House hand-bill for Thanksgiving week, and said: "Mary Anderson very fine, sir; finest in the land; Hunchback very fine, sir; Meg Merrides (for Merrilies) finest in the land." Evadne and Ingomar he pointed for Dr. Dean to read, and pronounced after him. Remembering the doctor's little son, he pats his shoulder, and says to the child's mother, "Finest in the land, sir." He is as sanguine and anxious about his speedy recovery as he was when a patient about being well enough to go out of the hospital in two or three days, and every now and then he says: "This man Bedo (Dr. Bidaux) says one, two, three weeks. I hope so, anyways." Aphasia he pronounces after him, and Dr. Dean's explanation of his ailment, and how he may improve, and that he may perhaps educate a right speech centre, etc., he seemed not only to fully understand, but to be delighted with, as it appears to be the first ray of real light that has been let into his

consciousness concerning his condition, and he seems to enjoy very much the idea of left-handedness and right speech centre, etc., etc., patting alternately his right temple and left arm and left temple and right arm, and saying antithetically, "Here, here, here, here." His vocabulary was yet very limited; his expressions were incoherent, except such as he had practised, and they came in much too often, but at the present rate he bids fair to go on to such a measure of recovery at least as will enable him to take care of himself. To-day he distrusted his ability to sing, but just a start from the piano and he is as ready with the Marseillaise as of old. There was gradual but not very marked improvement from this time till the patient's death, in the present month. On autopsy Dr. Dean found that an apoplectic extravasation destroyed the left island of Reil where the speech centre is located. There was loss of memory of words, but no ataxic aphasia. As Dr. Dean says the case was of special interest, because of the absence of hemiplegia, right or even left, from the beginning, the absence of mental aberration also from the beginning—and therefore as a case of aphasia and agraphia pure and simple—and because of the marked and continually progressive improvement in ability to read and write; and because this improvement, taken in connection with the fact that the patient was a comic actor, suggested the probability that the opposite speech centre was active, and therefore more susceptible to education than would have been expected in a man of his age, and the likelihood of a useful re-acquisition of speech as compared with what might naturally be expected from the left-centre after so chronic an impairment.

CHICAGO, May 20, 1883.

DEAR DOCTOR:

Medical matters are just now somewhat quiet. There is nothing of any great importance going on in the societies, and the colleges are equally humdrum. The late examination of the State Board of Health, of thirteen candidates for license, resulted in the rejection of every single one; none having obtained the necessary eighty per cent. Many of these applicants were second-course medical students, and the knowledge displayed by them was not creditable to those institutions. One candidate, who had studied two years in a prominent Eastern medical college, stated that water was an element. Another informed the world that chloral hydrate was a compound of chlorine and morphine. The ignorance of anatomy was equally wonderful. These twelve gentlemen will shake Illinois dust from off their feet and go to practise as the barber, with a dead man's diploma, did in Ohio.

An epidemic of glanders has broken out in this State, and a veterinary surgeon and his son have died from the disease. At the request of the State Board of Health, Dr. N. H. Paaren, State Veterinary Surgeon, visited Genesee township, Whiteside County, to investigate an epidemic of glanders which had spread among the horses, and had extended to human beings. Dr. Paaren, in his report to the State Board of Health, says: "In the stalls were five horses of various ages, and in moderately fair condition as to the flesh, otherwise they were dirty and rough-looking. One by one they were led out for inspection, and were found to be suffering with glanders in various stages of development. After being viewed, the five horses were led away and shot. The stables, together with the fencing, were burned. The blacksmith-shops in the village of Coleta were removed and destroyed, and all the hitching-posts, etc. Quite a number of other horses have been exposed, which possibly may have to be killed." Dr. Paaren has information officially from Duquoin, Perry County, stating that there is a disease among horses in that county, creating quite an alarm among the people, which is pronounced glanders. Dr. Paaren, in concluding his report of the investigation in Whiteside County, says: "No doubt can exist of the necessity for prompt legislative action in regard to contagious diseases among domestic animals, and it would almost seem proper that the medical authorities of this State take the matter in hand without delay, to make it possible to accomplish anything through the present legislature." The doctor recommends that trade and traffic in such diseased animals should be peremptorily prohibited, as by this source the disease is continually spreading.

Equinia or glanders is, it is almost unnecessary to say, one of the most fatal and loathsome of diseases. The veterinary surgeon who treated the first case of this affection was either very ignorant or very culpable, as he pronounced the disease nasal gleet, and took no precautions.

In one of his lectures at the Art Institute, Chicago, Dr. Clevenger suggested to his class, by way of a Darwinistic joke, that although the Mongolian inclination of the eyes was accounted for on the ground that this race preserved this feature through descent from nut-eating rodentia, still in the absence of any other theory it might be suggested that the obliquity was caused by countless generations having watched the progress of vaccination sores on the ends of their noses. The Chinese, who claim precedence of Jenner, some few million years are, for the purpose of exhibiting to the health officers evidence of successful

vaccination, compelled to have the operation performed on the tip of the nose.

Your editorial on the proposed editor of the *Association Journal* has been the subject of general comment here. There is a pretty general agreement that the points made in it are, as a rule, well taken, and this feeling is intensified by the fact that the gentleman so mildly and gentlemanly criticised is surrounded here by a not very desirable clique of devotees who control the management of the journal with which he is at present connected, and would in all probability do the like to any other journal with which he might become connected. The advertising quacks throughout the State have banded together and raised quite a sum of money, to be expended in defeating the appropriations for the State Board of Health. They are indignant at the board for introducing a bill in the house for the prevention of advertising in newspapers by "specialists," and these gentry in return propose to give the board a little taste of practical legislation. The ventilation of this plan by the newspapers will probably defeat it.

Dr. Belfield has created a very unfavorable impression here by his undignified and unjustifiable allusion to Dr. Schmidt, of New Orleans, as the "Eagle of the Delta" in his late Cartwright lectures. He was not looked upon before his trip to Europe as a very heavy weight in medicine, and his appointment to the Cartwright lectures was and still is by many regarded as an evidence of clique. Unlike Dr. Gradle, our chief authority on the germ theory, Belfield has not done any original work, and has simply come back from Europe filled with Koch's ideas to enlighten the benighted Americans. That his mind is not of a scientific cast is shown by his manner of allusion to Dr. Schmidt, a man highly respected among all scientific physicians, and who is always willing to acknowledge his errors. In a late conversation with Dr. Schmidt he informed me that the bacillus shown him by one of Dr. Gradle's pupils as Koch's bacillus, was not a bacillus but a bacterium analogous to that found in marshes, and Schmidt's statement is, unknown to him and unconsciously by Dr. Balogh, corroborated by the latter's results, a brief account of which I cite from the March 31st number of this journal: "Dr. Balogh (*Wiener Medicinische Wochenschrift*, No. 51, 1882) reports that he had detected, in the marshes surrounding Buda-Pesth, a bacterium which behaves very like the tubercle bacillus, but which he does not regard as identical. He insists that neither form nor staining is sufficient to distinguish the varieties of schizomycetes (fission-fungi). Animals were forced to inhale the fission-fungi of the marsh, with the result that little nodular growths were found

in the lungs, heart, and kidneys. On autopsy, in the nodules the fungi were found in various stages of development, and the rod shapes stained methylin-blue and vesuvin, exactly as do the tubercle bacilli." Dr. Spina, of Vienna, also directly supports these claims of Schmidt, by independently advancing similar views. As Spina is one of Stricker's assistants, the presumption is that he knows what he is talking about.

Opium-smoking is becoming quite a favorite vice here. There are hundreds of regular opium-smokers in the city, and to pander to these and others who are contracting the habit, there are numerous "joints." As a matter of probable interest to your readers, I venture to submit a brief account of a visit to one of the best known of these opium "joints." The place in question is that of a Chinaman known as "Big Sam." In response to a knock at the door of this establishment, to all appearance an ordinary Chinese laundry, Big Sam answered in person. "All right, Sam," was the response to his greeting. The door opened, and the interior to all appearance was simply a Chinese laundry. "What you come for?" queried Sam.

"One dollar's worth," was the reply, which seemed to astonish Sam. He opened his eyes, and asked: "You take away?"

"Smoke," was the reply, at the same time giving up a dollar coin. Sam entered a room to procure the drug. The basement, like nearly all places occupied by Chinese, is divided into three sections. In front is the laundry; in the middle, with a narrow passage-way between them, are several rooms, while at the rear is a large space, usually occupied as a kitchen. In Sam's place two of these rooms are unnumbered, while upon the others is roughly painted "1," "2," "3." All of the rooms were occupied except the one into which the reporter was shown. This one was about six feet square. Raised two feet from the floor was a platform, over which was spread several old newspapers, and at the wall end of which was a pillow-like construction. The smokers reclined upon these platforms. A woman who had entered just previously was in the next room, and through a slight crack in the board partition could be observed reclining on a platform. The woman held an opium pipe in her mouth, and was puffing away for dear life, a young Chinaman assisting her in cooking the drug. Big Sam soon returned with a small tray containing a spirit lamp, a pair of shears, an instrument like a darning-needle, a pipe, and a small quantity of opium spread upon an old playing-card. Having seen the work in the next apartment, the reporter took the needle,

gathered a small quantity of the opium upon it, and held it above the flame of the lamp. "No good; you burn," said Sam, the awkwardness attracting his attention.

"You do it, Sam," said the would-be smoker.

"How much you give?" queried the Chinaman, and a bargain that Sam should cook the drug was made. Reclining; with the apparatus between him and his customer, Sam held the opium above the flame and manipulated it until cooked, when he placed it upon the bowl, and the reporter experienced his first sensations as an opium-smoker. Then Sam was invited to smoke. He did so. Conversation followed. Yes, lots of girls came there, some very pretty ones. Sam's was the best place to go to. Did they ever remain all night? Sometimes, yes; oftener only a few hours, until they had slept off the effects of the drug. Yes, some of the girls came alone and slept there. He sold pipes and opium, and many bought to smoke in their rooms. Plenty of private rooms where people smoked; so many, in fact, that it hurt the trade of the regular resorts. Opium-smoking has become almost as well recognized a crime as drunkenness, and in the police news here fines for it are frequently to be noticed. P.

CROSS ROCK, N. C., May 21, 1883.

DEAR DOCTOR:

I see in your journal of April 14th, an account of a man, aged 50, who had never perspired. I know a negro, living fifteen miles west of Asheville, N. C., who has never perspired from the left side of his body, though he does so freely from the right. He is a robust man, having no other defect than this anomaly. He is a farmer, and labors without any inconvenience from the want of perspiration, and enjoys the hottest rays of old Sol as much as any of the sons of Ham. The *lusus naturæ* extends alike to his head and limbs. Truly yours,

J. H. GILLESPIE.

MODIFIED INOCULATION. By C. H. TEBALD, M.D.,
New Orleans, La.

Editor *City Item*, New Orleans.—In your issue of the tenth instant I find the following:

DISAGREEING DOCTORS—VACCINATION VERSUS INOCULATION.

At the Shreveport session of the State Medical Society Dr. M. Schuppert read a paper opposing vaccination, which was responded to by Dr. Bemiss, who concluded by offering the following emphatic resolutions, which were adopted:

Resolved, That this society emphatically affirms

its strong confidence in the efficiency of vaccinations and revaccinations as the surest and only practicable means of preventing small-pox.

WHEREAS, this society is informed that it is the practice of one or more practitioners of medicine within the limits of this State to inoculate human subjects with lymph or pus taken from small-pox patients, previously mixing it with milk or cream; therefore, be it

Resolved, That the practice of inoculating small-pox by mixing any product whatever from the body of a small-pox patient with milk, cream, butter or any fluid obtained from the cow, is productive of no modification beyond that of direct inoculation from one person to another. It does not deprive the person thus inoculated of that power to communicate the disease through the atmosphere which natural small-pox possesses, and is therefore dangerous to public health.

Knowing that it is your invariable rule to give both sides to any public question a fair hearing, provided such communications be clothed in courteous language and are of reasonable length, I beg to request space for the following hasty reply.

I am disposed to believe that these resolutions were presented in the closing hours of the session and passed without much special thought or attention.

Now there was present in that body a delegate from this city who might have furnished some very striking and conclusive testimony in behalf of "modified inoculation," as practised in this country by myself. That gentleman, Dr. J. P. Davidson, has been elected the next presiding officer of that association.

I asked the doctor, on learning of his having been a delegate to that body, how it happened that his voice was not heard in this connection. He replied that he was absent when the resolutions were offered and adopted.

The testimony to which I have above referred is this, and it would be difficult to supply a much stronger case in support of "modified inoculation": Dr. Davidson brought to me a little girl patient in 1875, on whom he had made *forty-seven* unsuccessful attempts to vaccinate within two years. He had applied the vaccine lymph from the vesicles of successful cases and with the best material. He had used the non-humanized as well as the humanized, but the child resisting all his efforts, and being spurred on by the anxious mother to have her only daughter protected against this loathsome malady, he requested me, after consulting with the mother, to try my modified inoculation in her case. I obtained the variolous lymph from a son of Bishop

Adams, at that time a sufferer from semi-confluent small-pox, and modifying it by admixture with cow's milk, inserted it in the ordinary way into her arm. It succeeded at once. Some days latter, and while the inoculation was at its height, there was a children's festival given at the Exposition Building, now the Washington Artillery Hall. This building was crowded with a very large attendance of children. This little girl was present with her sore arm, and as my three children were also present, I visited the hall to see them home. Meeting with the mother of the little girl in question, I asked her if her daughter had also attended, and upon her affirmative answer, I expressed a wish to see her, and her arm if possible. This request was immediately granted. The arm had taken quite well. No previous vaccination had ever succeeded with her. I had in this case, being the only daughter, diluted the variolous lymph more largely with the milk than was my wont. The points in this history, to which I desire to draw particular attention, are: First, that after *forty-seven failures* within a period of two years to vaccinate her with the very best vaccine virus, I succeeded at once, on being applied to for that purpose by Dr. Davidson, in making her system respond to the introduction of small-pox lymph, modified as above indicated; and, second, that although she passed several hours in a hall crowded with children, among whom she had freely mingled, no one of this number contracted small-pox or even varioloid, thus proving its innocuousness.

She had attended that festival without my knowledge; but being there, I watched the result of that intercourse with scarcely any solicitude, for my previous experience at Macon, Ga., during the war, had fully prepared me for this favorable result.

This year (1883) the most interesting case upon whom I have operated is a little baby, three weeks old. To-day (April 16th) is just two weeks since I operated, and the little infant suffers no discomfort. Col. J. D. Hill was inoculated with the same matter and at the same time and place.

I will add just one more strikingly interesting case before I close.

On Tuesday, March 20th, of this year, a little boy was seized with fever about 2 P.M.—in fact he had to leave school on account of his indisposition. The fever continued steadily until Friday evening, when it was but slightly felt. The next day (Saturday) red pimples were seen presenting over his body and face, and the next morning (Sunday) they had so increased that I was sent for. Small-pox cases were in this neighborhood just round the corner from where he lived. Recognizing that his attack was small-pox, I applied at

once my "modified inoculation," hoping, at least, to modify the attack. The eruption went on in regular course up to Wednesday. This was the third day after my inoculation. I saw it was succeeding, and looking at the eruption on his body I was struck with the fact that it was rapidly fading away. The small-pox flag was out, as I had reported the case to the Board of Health. Seeing, under the change—taken in the case—its complete arrest, I drove to the residence of the Secretary of the Board of Health, and requested him to visit the case with me. He did so, and agreed with me that the flag could be legitimately removed, and it was accordingly done after fumigating the premises and adopting all other necessary precautions. The little fellow has long since been discharged, and is rapidly recovering his strength.

In conclusion, let me say that the only possible and practical test of the efficiency of vaccination is by means of inoculation, and that, in my opinion, no revaccination ought ever to be practised. Instead of revaccinations I would, therefore, recommend on such subjects modified inoculation as the better and more scientific practice. It is the only scientific method of determining the protection or want of protection of the vaccinated individual. In "1795 Jenner persuaded fourteen persons, who had previously had the cow-pox, to be inoculated for the small-pox, not one of whom, as he had hoped and anticipated, took the infection." The inoculations were the only valid tests in these cases. Again: "Jenner performed his first vaccination on the 14th of May, 1796," but this operation had been successively performed by Benjamin Testy, twenty-two (1774) years previous to that date, on his wife and two children. For doing so "he was regarded by his neighbors as an inhuman brute, who had performed an experiment on his own family, the tendency of which might be to transform them into beasts with horns." But Jenner went a step further, which involved a crucial test of his first vaccination.

On the first day of July, 1796, he inoculated this little boy without effect, and again with negative results several months latter. Jenner himself admitted in his work on this subject, which I possess, that "although the cow-pox shields the constitution from small-pox, and the small-pox proves a protection against its own future poison, yet it appears that the human body is again and again susceptible to the infectious matter of the cow-pox." The epidemic of this year has seized, with fatal results, a number of vaccinated subjects and subjects refractory to vaccinations, all of whom might have been protected by modified inoculation.

MEDICAL NEWS.

DR. J. DICKSON BRUNS, of New Orleans, La., died May 20th, of congestion of the brain. A sketch of the life of this eminent physician and distinguished citizen will appear in the next issue of this Journal.

DONKEY MEAT AS AN ARTICLE OF DIET.—"I sympathize," says Mr. Labouchère in *London Truth*, "with the Birmingham butcher who has been condemned to one month's imprisonment for selling donkey as human food, because donkey is infinitely better eating than either beef or mutton; indeed, I do not know any meat which is better. This was so soon perceived by the French during the siege of Paris that donkey-meat was about five times the price of horse-meat. At Voisin's there was, almost every day, a joint of cold donkey for breakfast, and it was greatly preferred to anything else. Let any one who doubts the excellence of cold donkey slay one of these weak-minded animals, cook him, and eat him." Were Mr. Labouchère ill natured he might have hinted that fear of cannibalism was at the bottom of this prejudice.

CURES FOR HYDROPHOBIA appear to be always in order in the daily press, and the following piece of absurdity is going the rounds: "A novel cure for hydrophobia is recommended. It is to kill the dog inflicting the bite and apply his liver to the wound. This remedy, although simple, is very effective, for the dog's liver has the power of removing the poisonous matter left by the dog's teeth, thus affording almost immediate relief and a perfect cure." In certain cases of lyssophobia it may favorably impress the patient, and prevent him falling a victim to terror.

THE CANE AS A SADDLE-BAG SUBSTITUTE.—Dr. Gray, Perth, Scotland, thirty years ago had a walking-stick made for carrying about a quantity of drugs and surgical instruments.

A NEW SYNONYM FOR QUININE.—At Croton, New York, common drugs are sold at all the stores. Recently an Irishwoman entered one of them, and said to a new clerk: "Would yees be afther putting up for me a pound of Queen Anne's powders?" The clerk took down a package of Royal baking powder and was doing it up, when she exclaimed—"Not that at all, at all; me Pathrick is sick wid the African faver." "The what fever?" inquired the clerk. "The faver 'nagur," replied the woman.

"An yees should see poor Pathrick shake. He hasn't a tooth left." The woman got the quinine which she wanted.

MEDICINE OF THE MIDDLE AGES.—Dr. Stow, a member of the General Court of Massachusetts, astonished his fellow-legislators by asserting, upon the floor of the house, that "small-pox is the salvation of the country," and not only its salvation, but "a judgment sent by the Almighty upon land monopoly, money monopoly, and transportation monopoly." The Rev. Mr. Talmage, in a recent sermon, said that "God has arranged that the ear and the husk shall be parted. Every rheumatic pain is but a thrust of the husking-peg; every neuralgic twinge is only a twist of the husker. Thus He takes away what hinders your soul's liberation."

DR. HATFIELD, late Professor of Chemistry in the Chicago Medical College, has been elected Professor of Diseases of Children.

DR. MAAS has been elected Professor of Surgery in the University of Wurzburg.

A LONG-LIVED OPIUM EATER.—An opium eater who lives at Manchester, N. H., began in 1845 with minute doses, but slowly increased them until now he consumes a pound of the extract a month. He swallows enough every day to kill a score of ordinary men. Unlike most slaves of the drug, he is very fat, and has not become mentally a wreck. Certain of the English opium eaters have retained such excellent health as to lead their physicians to claim that opium eating was not necessarily deleterious.

ICTHYOSIS AND "ALLIGATOR BOYS."—Dr. George Henry Fox had the "alligator boy" brought to the College of Physicians and Surgeons from the Globe Dime Museum to illustrate a lecture on skin diseases. "This child," said Dr. Fox, "is suffering from ichthyosis, and his skin is an unusual illustration of the effect of congenital malnutrition. His limbs have never been used at all, and his skin shows the tendency to break into scales all over the body. These patches are horny, and resemble an alligator's skin more than anything else. Usually, in cases of ichthyosis, this peculiarity affects the extremities of the sufferer only, but in this instance the scales cover the back and the chest. The child never perspires. Rubbing sweet oil or glycerine on it will soften his skin, but as soon as the oily matter dries the skin

will resume its hard and scaly appearance. Cases even more advanced in a similar disease than this subject were exhibited in England some years ago as the 'porcupine men.' "

ABSINTHE has a powerful rival in Paris in a beverage made from Algerian plants and known as *amerpicon*.

BLOOD-POISONING FROM COLORED EGGS.—A gentleman in Portland, Oregon, the week following Easter, having a small scratch on his hand, handled eggs which had been dyed. The coloring matter entered the wound, which became much inflamed and the arm was swollen to the shoulder. He recovered after a week's illness.

TRANSITORY INSANITY.—A curious case of this kind is reported from Hannibal, Missouri. The victim, who is not an epileptic, while driving an express wagon, was suddenly taken with transitory insanity, and, throwing the lines over his horse's back, he kicked the animal several times; the outfit went down Broadway Street at full speed, the patient clinging to the seat and shouting at the top of his voice. He stopped of his own accord in half an hour after the attack, and was found to be entirely sane.

RHAMNUS CAROLIANUS.—Under this name Dr. J. W. Davis, Lewisburg, Ky., describes (*Druggist*) a possible new remedy. A decoction of the roots is in popular use, he states, as a remedy in dropsy under the name of Southern Buckthorn. The plant is probably *Frangula Caroliana*, gray, a shrub closely related to the buckthorns, and quite likely possesses similar medicinal properties to those of the other plants of the *Frangula* family.

KOUSO RESIN.—Dr. Henna (*Druggist*), in explanation of the difference between the action of old and fresh kousso as a vermicide, states that this substance loses its activity by keeping. This change is due to the alteration in the resin which is the active principle. The fresh resin is green with a somewhat bitter and unpleasant taste. The old resin is yellow and exhibits no bitterness.

MISS ANNA JAQUES, Newbury, Massachusetts, has now given \$25,000 for the purpose of establishing practically a free hospital for the benefit of the inhabitants of Newburyport, Newbury, West Newbury, Salisbury, and Amesbury. All medical at-

tendance is to be free. The institution will be known as "The Anna Jaques Hospital."

THE NEW YORK NEUROLOGICAL INFIRMARY.—This institution, having for its object "the gratuitous treatment of the poor for all diseases of the nervous system," has been incorporated in this city. Dr. J. L. Corning, Dr. M. J. Roberts, and Messrs. Sidney Green, John T. Sherman, and Benjamin Crane have been elected trustees for the first year.

INSANE FROM FRIGHT.—There has just died at the Charenton Asylum, near Paris, a man who, thirty years ago, was condemned to death at the Seine Assizes for the murder of an old gentleman. The case had excited considerable interest, and the court was crowded with spectators. Among the persons standing immediately behind this criminal, who was flanked by a pair of gendarmes, was an employé of the *Presse* newspaper, who had somehow contrived to wriggle himself into that position without attracting notice. Scarcely had the sentence been pronounced, when this *Presse* employé, moved, as he afterward explained, by an uncontrollable impulse, passed the side of his hand over the prisoner's neck in imitation of the keen blade of the guillotine, at the same time emitting a whirring sound. The man just convicted instantly fell forward with a shriek of terror, and the bystanders, indignant at this heartless and shocking act, rushed upon the *Presse* man and roundly abused him, who also was subsequently condemned to two years' imprisonment. His victim never recovered the shock, but remained insane until his death. He was pardoned by the emperor, and confined, first at Bicetre, and afterward at Charenton, where he has just expired. He had the delusion that he had been actually beheaded in the Palais de Justice, and when relating the story was in the habit of imitating the sound that haunted him for thirty years.

SMALL-POX.—Twenty cases of small-pox have been discovered, all at once, on the line of a new railroad, in Mercer County, W. Va. The state Board of Health has been appealed to for help. Great excitement prevails in that county. Instructions sent by telegraph showed how to compass the situation.

BOARD OF MEDICAL EXAMINERS.—The Board of Medical Examiners of the State of North Carolina will meet in Tarborough, N. C.

Without a license from this Board, no physician who commenced to practise in North Carolina, after April 15th, 1859, can collect his fees by law.

Applicants for license will be examined in the various branches of medicine, and must give satisfactory evidence of good moral character, and that they have attained the age of twenty-one years. (See Laws of North Carolina, 1858-59, and 1870-71.)

PETER E. HINES, M. D., *President*.

HENRY T. BAHNSON, M. D., *Secretary*.

SALEM, N. C., 1883.

THE INSANITY PLEA—AN INTERESTING DECISION BY THE SUPREME COURT IN INDIANA.—*Indianapolis*, April 28th.—In a murder case appealed from Clarke County, the Supreme Court has made a ruling that has attracted wide attention. The defence in the case was the insanity of the prisoner. On the trial the judge charged that the law presumes sanity in all cases, and the burden of overthrowing the presumption is upon the person who alleges insanity; but if the evidence given by defendant has been sufficient to raise a reasonable doubt of his sanity, then the general question is presented to the jury whether or not the crime was committed by him while responsible for his acts. If a reasonable doubt exist as to the defendant's sanity, he is entitled to the benefit of the doubt.

The Supreme Court says: "The proposition that the burden was upon defendant of creating by affirmative evidence as to his sanity is erroneous. The burden was upon the State to establish, beyond a reasonable doubt, every material averment in the indictment. One of these was malice. There can be no criminal intent when the mental condition of the accused is such that he is incapable of forming one, and the burden is upon the State to prove that when the offence was committed the mental condition of the defendant was capable of forming an intent. The burden is upon the State."

A CORRESPONDENT of an evening newspaper makes a statement which seems almost incredible, from its fiendish ingenuity. The statement is to the effect that the Fenian agitators have, in order to be revenged on those who have distinguished themselves as opponents of lawlessness, hit upon the device of sending to their residences parcels of infected linen, directed to the lady of the house. It is something new for contagium to be employed as a weapon of socio-political warfare.

AN EXPERIMENTAL farm and hospital for the treatment of domestic animals is to be established near Washington by the Bureau of Agriculture. It is designed to investigate especially the most common forms of contagious diseases of cattle and horses.

MRS. DR. HOWARD has attended the mother of Li Hung Chang, the great Viceroy, and now she is treating the wife of the same high official. The fame of the lady appears to have spread far and wide over North China, and she is now flooded with applications for assistance and advice from the women of wealthy families, who would die rather than be treated by a foreign male physician. It looks as if the various countries of the East offered an almost inexhaustible field for women possessing medical knowledge and skill.

MESMERIZED HIMSELF.—Before a large number of the students of the Rush Medical College, E. G. Johnson yesterday morning performed a number of feats in mesmerism. The experiments were a prelude to a lecture to be delivered to-day by Prof. Lyman. Mr. Johnson exhibited the results; Prof. Lyman will explain the cause. Mr. Johnson began by mesmerizing himself. While under the influence of himself a needle was run through his ear, and a portion of it sewed together. He failed to express any surprise when a large darning-needle was thrust into him. With his muscles perfectly rigid he was laid across the backs of a couple of chairs, and the assistant sat on his stomach. The applause of the students, when this great scientific fact was shown, was tremendous. Mr. Johnson took the assistant forward and introduced him, explaining that he was a very good subject. This he demonstrated by mesmerizing the unfortunate young man, and then sewing the patient's lips together. A number of the students were operated upon, and several showed signs of feeling a slight mesmeric influence. The experiments, taken as a whole, were very successful, and Prof. Lyman expressed his satisfaction.—*Chicago Herald*, April 25.

DR. JOSEPH W. HOWE, late Professor of Clinical Surgery at Bellevue College, has resigned that position in consequence of the stand he took in favor of the new Code of Ethics. To a *Times* reporter, who called on him one evening, Dr. Howe said that the Faculty of Bellevue Medical College were supposed to have taken a decided stand in favor of the continuance of the old code. All the members of the Faculty have fallen into line as a college, and of course any member who is in favor of the new code would have "to go back on himself" or leave. The old code has been dead for many years, continued Dr. Howe, although it has never been formally buried. Dr. Howe has held consultations with homœopathic physicians during the last ten years, and several of the Faculty have had similar

consultations. Those of the Faculty who had determined to stand by the old code wanted Dr. Howe to join them in its support, which he refused to do, and it was intimated to him that unless he did so his resignation would be necessary. Dr. Howe was a delegate to the State Medical Society from the County Medical Society, and there supported the new code. He worked for it, and helped to carry it through the State Society. Hence there was no alternative for him but to resign, so he sent in his resignation, and on the 25th inst. he received a reply from Dr. Austin Flint, as Secretary, that his resignation had been accepted, at the same time expressing the high esteem in which the Faculty held him.—*Times*.

DR. ROBERT B. TUNSTALL died suddenly, at his home in Norfolk, Va., April 1st, 1883, in the 65th year of his age. An eminent physician, a good citizen, a brave and true man.

EDITORIALS.

ONE OF THE GREAT CAUSES OF LEGISLATIVE DEGRADATION.—No one who has given even superficial thought to the subject can have failed to be impressed with the fact of there being in this country a prominent and progressive degradation, moral as well as intellectual, in all legislative bodies. In Congress, in State legislatures, in municipal councils, the same truth is manifest; there has been, for two generations past, a progressive mental and moral degradation and debility in the great majority of the present representatives of the people. Why is this undeniable fact so absolutely a fact? For any result there must be a cause. In this case there are, it is admitted, many causes; but if one great cause of legislative degradation be indicated, the labor and time spent for such a purpose will be profitably spent.

Of course, almost every one will say the result indicated is due to the manifest cause of a conspicuous withdrawal from the ballot-box of the best elements of the entire population; that the best educated, the most cultured, the most moral of the population seldom now undertake to vote. But why is this? It is not from a want of patriotism, for if the country be in danger, and soldiers are needed, the very flower of the land is to be seen on the battle-field. It is not from want of interest, for almost every one of those who fail to go to the ballot-box is a daily reader of the press, and is in-

initely, indescribably superior in information to the great uncultured mass in whose hands, at present, rest the ballot-boxes of this great country. What, then, is the reason that the well-educated do not go to the ballot-boxes, and there make their influence felt? Many will say that they remain away because they have found it is useless to go; that the ballots of the depraved, in overwhelming numbers, are bought, manipulated, organized and cast against them; and that the outcome of the ballot-box is just as though they had not done their duty; that the elected are almost always the representatives of the illiterate and immoral and degraded classes of the community. But why is it that the illiterate masses control the ballot-boxes of a country wherein the education of the people is so easily obtained; wherein free education is to be had, as often as those seeking it are unable to pay for an education? The answer may seem at first to be unreasonable; trifling even; amusing even to some; but it is yet believed to be correct, and one that almost every physician will admit to be true and unanswerable.

It may be asserted, as a demonstrable fact, that the so-called cultured classes of every American community either do not bear children, do not furnish voters, or that if they do, it is in the smallest numbers possible; while among the uneducated, the physical laborers, large households of children are to be found on every side. Take any one of these communities, and see what is the logical result of such facts. In a generation the voters of the community will be chiefly drawn from the uneducated families, while of the educated, many families will have become extinct, and, at best, but few of them will have given many children to the State. The political strength of that community, even granting that it was once fully with the cultured class, will have been absolutely transferred; placed in the hands of those who, less educated, if not illiterate, are least able to wield it for the elevation, the distinction, and the happiness of their kind.

The cultured classes do not bear children. By some it is regarded as unfashionable; by some inconvenient; by others it is stigmatized as indecent or ridiculous, or as the result of ignorance and a want of management. The truth, the fact, however, remains. The cultured do not give voters to the State. The uncultured send them in myriads to the ballot-box. If such voters be those who are manipulated, easily controlled, deceived, misled, used corruptly, is not such a fact the unavoidable result of the causes indicated? Sterilize the educated and cultured; fertilize the uneducated and uncultured; and if ignorance, with its concomitants vice and corruption, are

not the result, the laws of cause and effect are nonsensical and untrue.

The prevention of conception has ceased, in this country, to be a mere physiological question to be discussed in the arenas of the medical schools and colleges; it has attained the importance and gravity of a political problem among a people splendidly struggling to be great and free. The country bitterly needs the presence of the representatives of the best educated families at the polls; but they will never be seen there, if they be not sent; and never will they, can they, be sent, as long as the mothers of educated families are supported in the fatal declaration, so almost universal, that childbearing is a folly if not a shame; and that sterility is no longer "to be a reproach among women," but a coveted glory and an envied victory.

Some may say that immigration and emancipation have very largely produced the admitted corruption of the ballot-box, and are the shameful producers of this direful and shameful condition—a condition, as the result of which, venality and corruption stalk brazen-faced and even socially sustained in the national and legislative lobbies of this country; as the result of which one may go into every legislative body in America, and almost say, while gazing at its representatives, what Horace Walpole said as he gazed upon the British House of Commons, "Every man has his price." Granted; but if this be true (and it is only partially true) it is only more vitally necessary that there be the representatives of the best educated, the most cultured, the most moral families at the polls. They can only be there when they are produced and sent; when every mother, in such families, can say, while gazing upon her sons, what the mother of the Gracchi declared, in the presence of her boys, "These are my jewels."

When one looks thus upon the prevention of conception, and sees, in *the act*, not only evils to the woman and the family, but also to the country, he can appreciate, more than ever before, the wisdom as well as the satire of the great Napoleon, who, when asked by Madame de Staël, "Sire, who is the greatest among women," replied, "Madame, she who bears the State the most sons."

THE MARINE HOSPITAL SERVICE OF THE UNITED STATES.—Can some ingenious reader explain to the professional and lay public what is the reason of the creation and perpetuation of this service? Why should government institute a heavy tax upon the sailor, in the civil service, for his support when sick, and in addition tax the people for the erection and sustaining of costly marine hospitals? The sailors

have had to pay, in the last year, according to the report of the "Supervising Surgeon-General of the Marine Hospital Service of the United States" (such is the grandiloquent title), \$408,215.69 for the support of their sick; while the government is constantly appropriating the money of the people for the erection of costly marine hospital structures.

Most of this money is foolishly and recklessly spent; absolutely thrown away. The hospital at New Orleans cost \$590,000; the repairs of it cost \$150,000, and yet it is not finished. It is not worth finishing. It is not fit for a hospital!!! *The government has tried to sell it, but the highest offer made for a building costing, so far, \$740,000 was \$19,000!!!* The building at Cincinnati, which cost \$230,000, was sold; it brought \$75,000!

Why should such hospitals be built? Why should the sailors be taxed? Why should such a service exist? Can any one tell?

Cannot every sick sailor, like a sick artisan, or workman, or clerk, go to an ordinary hospital, and be treated for nothing, if he can pay nothing; or be treated professionally for nothing, and pay for his room and attendance? This is the course adopted in regard to all of the sick in civil service or employment, *the sailor alone excepted*. Why should there be an exception in his favor? or, if this absurdity must be perpetuated, will not the government build costly hospitals, by taxing the people, for bricklayers; another set for carpenters; still another for clerks, seamstresses, pawnbrokers, carmen, hack-drivers, and so on *ad infinitum*, taxing each set, and organizing for each set a costly medical service? It would not be more absurd to have a "Supervising Surgeon-General of the Rag-Pickers' Hospital Service of the United States," than to have, as it does at present, a "Supervising Surgeon-General of the Marine Hospital Service of the United States." The rag-picker, like the sailor, is employed in one of the avocations of civil life, and if the sailor is to have a "surgeon-general," why not the rag-picker?

It is all a sham and an absurdity. The only sensible course is to give the sailor *all that he earns*, as is done with all in civil life, and if he is sick to have himself treated as all others do. If he be too poor, let him be sent to the hospital and treated, as are all who receive such aid. But, at least, let the sham and extravagance and absurdity of this Marine Hospital Service come to an end.

If government were to build a separate hospital for each class of workers in civil life, the claim made, that each avocation has a disease peculiar to

itself could, by autopsy, be interestingly verified. It might be determined, for instance, whether pawnbrokers really die of calcareous degeneration of the heart, making it hard, unyielding, and unfit for human use; whether the rag-picker, as is suspected, always dies from physical uncleanness. It could be shown, by the quick effects of diet, that the ills which destroy the poor seamstress are due to the starvation wages doled out by heartless employers. The hackman would, doubtless, be found to have died from no bodily disease, but solely from remorse; while the poor doctors would be discovered to have succumbed from hearts entirely too large for a world so utterly unable to appreciate their merits and importance, etc.

But even if all of this were not found, the results would, at the worst, not be worse than they are in the Marine Hospital Service.

PREScribing DRUGGISTS.—A somewhat important movement has been set on foot in this city by prominent medical men, which has in view the prevention of apothecaries and drug clerks from prescribing for patients and from copying the prescriptions of physicians—a practice which has become very common in some quarters of the city. Some months ago a meeting of physicians was held in Philadelphia to protest against the practice, and resolutions were passed binding members of the profession to refrain from sending prescriptions to druggists who violated their sanctity. There was some talk at the time of holding such a conference here, but for the moment nothing was done. It is now proposed, as the most feasible mode of giving authority to the protest and declarations of the profession, that action shall be taken by the County Medical Society, and that the registered members of that body shall pledge themselves to withdraw their patronage, and to use their influence to induce patients whom they attend to withhold their prescriptions, from stores whose proprietors are known to be in the habit of recommending patent medicines or of compounding potions without medical authority. According to observant practitioners, while most of the larger and more important drug stores in the city carefully refrain from all such practices, others are managed by men who style themselves physicians or doctors, and spare no pains to obtain patients, even going so far as to make criticisms on prescriptions sent to them by regular practitioners, with a view to impair confidence in them and to divert the fee for prescribing into their own pockets. Others recommend patent nostrums upon which they make a large profit, and others put up and advertise spe-

cifics of their manufacture for pulmonary complaints, colds, rheumatism, neuralgia, and malarial trouble. One rather prominent druggist gave the nomenclature of nostrums such a villainous compound as "coldine," supposed to be a remedy for colds; others have burdened the vocabulary with equally absurd names.

THE INSANITY PLEA.—COL. GEORGE B. CORKHILL'S THOUGHTS UPON THE SUBJECT.—"Insanity as a Defence for Crime" was the subject of the paper read before the Medico-Legal Society very recently by Col. George B. Corkhill, United States Attorney for the District of Columbia. The paper was a very elaborate one, and was listened to with great attention by the society, over which Mr. Clark Bell presided. After referring to the difficulties in the way of properly defining insanity and quoting some of the most eminent medical authorities on the subject, Col. Corkhill said that the defence of insanity has become so common that in almost every case of atrocious and brutal crime it is now presented, and it is remarkable that there is scarcely a criminal who cannot find facts in his own life, of physical or mental disturbance, or in some of his blood relatives, from which men of eminence or scientific attainments readily demonstrate to juries that these facts, taken in connection with the atrocious and brutal character of the crime, indicate insanity. This defence is becoming so common that it is not surprising that juries are beginning to look upon it with suspicion and the public with dread. Speaking of the cases in which men who avenge the ruin of their domestic bliss by killing the destroyer, and are acquitted on the ground of emotional insanity, Col. Corkhill said: "Why would it not be more creditable to our juries and more honorable to the administration of justice to let the jury say by their verdict that the justification for the crime was in the character of the act which provoked it, and not encourage and countenance this plea of insanity by a verdict as contrary to their oaths and the law as would be the former? If they must apologize, let it be the more manly apology of open refusal to find a prisoner guilty under such serious provocation, rather than to shield themselves behind a defence in which neither they nor the community which they represent believe."

Col. Corkhill did not think that insanity should ever be allowed as a plea of defence for crime in the trial of the prisoner under the indictment. When a prisoner proposes to defend his crime on the ground of insanity, a jury should be specially chosen for their fitness to try the special plea, and if

the prisoner, after trial, is found to be insane, then he should be confined in an insane prison a certain time commensurate with the character of his crime; if, however, the verdict of the jury declare the prisoner to be sane, the plea of insanity should not be allowed on the trial of the cause. It is not a question whether the plea of insanity should be allowed as a defence for crime, but whether some means cannot be devised under the law by which its existence can be rationally and honestly determined. After speaking of "cranks" and declaring that they are fully responsible for their acts, Col. Corkhill said: "Society must be protected, human life must be safe, property must be secure, and the law must punish those who violate the sacred rights of each citizen to life and property. To do this with even justice it will not do to permit a criminal to escape punishment on account of the vagaries of an unbalanced intellect or moral nature. If the disease of insanity really exists, then let that question be determined, not that he may escape punishment, but that the punishment may be tempered in accord with his physical and mental condition." At the conclusion of the paper the subject was discussed by ex-Surrogate Calvin, R. B. Kimball, Dr. O'Sullivan, Dr. Ralph Parsons, Dr. E. C. Mann, Dr. Strube, G. R. Hawes, and others, most of the speakers agreeing with Col. Corkhill that the sanity or insanity of a prisoner should be determined before he was placed on trial criminally.

EYES OF SCHOOL CHILDREN.—Dr. Pflüger, in a recent lecture at Geneva, Switzerland, called attention to the fact that more than one half of 45,000 children lately examined in Germany were found to be suffering from defective vision. In some schools the proportion of the short-sighted was as high as 70 and 80 per cent. In the Heidelberg gymnasium it was 100 per cent; every lad in the school had bad eyesight. According to Dr. Pflüger this state of things arises from several causes—from insufficiently lighted school-rooms, bad print and bad paper, the method of writing in vogue, and ill-contrived desks and forms. An evil equally great, if not greater than all these combined, and resulting in something more than defective vision, is the burdening of children with too many lessons and the consequent restriction of their hours of play. In order to solve the vexed question of the influence of German caligraphy on the eyes of those who adopt it, the government of Württemberg some time ago appointed a commission consisting of three schoolmasters and three physicians to investigate the matter, and make a report. In the opinion of these gentlemen the

mere writing is least among the causes which unfavorably affect children's eyesight. They found that, while comparatively few children write with their backs bent toward the left, fully 80 per cent give their backs in writing a right inclination. The latter position tends to produce a permanent elevation of the right shoulder, and, if persisted in, curvature of the spine. In the schools they visited, the commissioners actually found 20 per cent of the boys, and from 30 to 40 per cent of the girls suffering from more or less pronounced curvature, due to this cause. The difference between the two sexes is probably due to the fact that the lads, besides being more energetic in play, are more rationally clad than girl scholars. As to position in writing, the distance between the desk and the eyes ought to be about twenty-five centimeters; yet it was rarely, indeed, that the commissioners met with any children who could keep their eyes at this, the normal distance from the paper. Many of them find it necessary to bring their faces within seven centimeters (2.75 inches) of their copy books. The general conclusion of the commissioners, as of Dr. Pflüger, is, that of all the evils enumerated, the worst, and those most in need of reform, are the seats and desks at present in use. The professor further remarked that only 10 per cent of the children examined were naturally shortsighted, and that, as among wild races, defective vision is almost entirely unknown, the trouble in question is peculiar to modern civilization and the existing system of teaching. In conclusion, Dr. Pflüger expressed the fear that he was like one crying in the wilderness, the prevailing tendency being to lay on the children of this generation still heavier burdens, and force their minds, to the lasting injury of their bodies.

THE FIRST CORONER'S INQUEST.—Although the Normans, soon after the Conquest, established coroners, their function, as now understood, did not take shape till the reign of Edward I. of England, and the circumstances attendant upon the first coroner's inquest are thus described (Tidy, *Legal Medicine*.) "A pretty Citizeness of London had had six husbands, one after the other, the first to please her parents, the rest to please herself. One of her countrymen was brave enough to allow her to make him her seventh husband. For a few months all went merry. Her fondness perhaps made her indiscreet. She told her husband all the faults and follies of his predecessors. She disliked some because they were sots, others because they were unfaithful to her. In short, she had no good words for any of them. The husband, suspecting something, and wishing to test

the character of his wife, began to stay out late and to appear drunk when he returned. She at first reproached him, then began to threaten; but he continued to stop out late and to feign drunkenness, even more often than before. One night, when she believed him dead drunk and fast asleep, she took a lead button from the sleeve of her dress, melted it in a clay pipe, and approached the pretended sleeper to pour the molten metal into his ear. The husband no longer doubted her guilt, seized her, cried for help, and gave her up to justice. She was first imprisoned and then tried, the dead bodies of her six dead husbands being exhumed, and all bearing witness against her by the discovery of lead in their ears and brains. On this evidence she was condemned to death."

MEDICAL COLLEGE OF VIRGINIA.—The Court of Appeals of Virginia, in the case of a petition for mandamus, to compel the old Board of Visitors to the Medical College of Virginia to surrender to the newly appointed Board full possession of the buildings, property, etc., has rendered its opinion—Judge Lewis not sitting, the other four judges on the bench being unanimous in their judgment. In brief, the decision was that Governor Cameron had no authority to appoint a new Board under the charter granted the College years ago; that he can only fill vacancies as they occur by death, resignation, removal from the State, etc., etc.; that the Legislature alone has power in the premises to authorize the dismissal of the old, and the appointment of a new Board, etc. There is, therefore, one political outrage less in the grand old State. Was not the ousting of the trustees of the asylums of Virginia equally monstrous and unlawful?

"EXPRESSED HERSELF."—What is the method by which this result is accomplished? Clinicians ought to know and to be able to answer, as they are constantly, in their reports, making use of this expression—"She expressed herself better this morning," leaving it to be inferred that her effort in this direction was on the day before a failure. Who can explain how a woman expresses herself?

TO PHYSICIANS.—*A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient. Specimen copies of the Journal will be sent to any addresses which subscribers may be kind enough to furnish.*—EDITOR.

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ORIGINAL ABSTRACTS.

SODIUM SULPHO-CARBOLATE IN VOMITING.—Dr. Philip McCall (*British Medical Journal*, December 16th, 1882) has found that sulpho-carbolate of sodium is of great benefit in the vomiting of pregnancy in seven-grain doses in a half ounce of water. In one case of sea-sickness it had a good effect.

PERICARDIAL EFFUSION.—Last year Partzewsky brought before the Moscow Medical Society (*Lond. Med. Rec.*) a most interesting case of pericardial effusion treated by repeated tapping, and finally by incision of the pericardial sac and subsequent drainage. The author discusses the operative treatment of pericardial effusions, and sums up his views thus: 1. In a vast majority of cases puncture, aspiration or even incision and drainage are not attended with danger. 2. Operation brings rapid relief, and its palliative usefulness is not denied by even the opponents of all operative interference. 3. In the absence of such complications as tuberculosis, cancer, organic changes of the heart, etc., the operative treatment of non-purulent pericardial effusions may prove successful in the majority of cases. 4. In cases of purulent pericarditis it is perfectly justifiable to try an early operation in order to prevent dilatation and fatty degeneration, which generally supervene here very rapidly.

PARTIAL ABLATION OF THE BRAIN.—An operation, fully meriting this description, has been reported by Dr. E. C. Spitzka (*American Journal of Neurology and Psychiatry*, February, 1883). In August, 1882, a German woman of Hicksville, New York, was delivered by Dr. E. Rave, of a child presenting a tumor at the posterior part of the head, which on its surface was somewhat convoluted and had a bluish color. It had a fluctuating feel, and was not sup-

posed to be either an encephalocele or a meningocele. Its pedicle was not over an inch in diameter, and in its longest diameter, antero-posteriorly, the tumor was about three inches. As the child developed quite normally and, other than slight convulsions, exhibited no evidence of brain disturbance, and as only a clear fluid followed upon aspiration, Dr. Rave, assisted by Dr. Overton, President of the County Medical Society, removed the mass, believing that as ulceration seemed imminent the child's chances for life would be, if anything, slightly increased by the operation. A small artery running in the meninges required ligation, but otherwise there were no bad results. A day later the same convulsions, as before, returned, and eleven days after the child died. The tumor consisted of the cerebral meninges, and about one half the brain mass, consisting of the posterior portions of the cerebral hemispheres; the sulci and fissures being in part identifiable, and including the intra parietal sulcus. Each hemisphere was represented, and each lateral mass contained a dilated ventricular cavity. Toward the opening of communication the cerebral tissue was much attenuated, and at the rim of this opening was entirely absent, in spots, only the membranes establishing a communication between intra- and extra-cranial solid contents. The cerebral wall was also very thin at the base of the hernia, where aspiration had been made. There was a fibrino purulent pseudo-membrane on the inner and lower faces of the brain mass, and nowhere did the detachments from the two hemispheres communicate. The case was associated with a maternal impression. Dr. Spitzka, while far from recommending the operation, called attention to the case, of which he hoped to obtain a more complete history, as approximating a vivisection in many respects.

HYSTERICAL COLOR-BLINDNESS.—Dr. S. V. Clevenger, Chicago, has recently observed the following

case. Miss P., æt. 22, while convalescing from a severe attack of pneumonia, manifested evidences of hysteria major, accompanied by temporary red blindness.

TREATMENT OF DROPSY.—Dr. Leech (*London Medical Record*, December, 15th, 1883) discusses the treatment of cardiac, hepatic and renal dropsy. As to the advisability of removing the fluid either by mechanical means or by diaphoretics, diuretics and purgatives: the real cause of the dropsy, the stage it has reached, and the condition of the patient and his tissues must all be taken into consideration, for without this the mere routine treatment by water eliminants may not only not do any good, but may cause actual harm. Thus, in the earlier stages of heart-disease with anasarca, diuretics sometimes succeed admirably. Later on, as the general health fails, they lose their power, even though there be no evidence of increasing obstruction of the circulation. And at last it may happen that the water will not drain from the œdematous tissues, even when they are pricked or tapped. As to the modes of elimination, speaking of paracentesis, Dr. Leech claims that, when dropsy is due to a block in the portal vein, tapping is almost necessarily followed by a recurrence; in acute cirrhosis, when the distention causes great discomfort to the patient, this operation does not give even temporary relief, nor has he seen any good result from it in advanced cases of ascites due to cirrhosis, where symptoms of coma had developed. Diuretics rank next to paracentesis, but can only act when the kidney is functionally competent, and when the tissues are in such a condition as to be able to give up their water. In hepatic dropsy, copaiba, which can be given for a long time with advantage, and caffeine are most useful. Digitalis and saline diuretics in cardiac, and diaphoretics are of most value in renal, dropsy.

NEW OPERATION FOR SPINA BIFIDA.—Dr. Robson (*British Medical Journal*, December, 20th, 1883) recently performed a new operation for spina bifida on a child six days old. After the redundant parts were removed, and after stitching up the arachnoid over the spinal canal, periosteum from a rabbit was inserted between the meninges and the skin, so as to cover the gap in the bones. The wound had perfectly healed; the skin over the lumbar region was quite level; there seemed to be no tenderness on pressure; the child looked strong and healthy. The sac was found to be of the size and shape of half a swan's egg; the wall consisting of true skin and subcutaneous tissue lined by serous membrane. The

operation was of interest for the following reasons: First, it was performed with full antiseptic precautions, eucalyptus air being used instead of carbolic spray. Second, the meninges were closed by uniting the serous surfaces, as in peritoneal surgery. Third, the transplantation of living periosteum and its continued vitality; it had not yet, however, formed new bone, but already the covering of the canal had a greater than mere skin-firmness. Fourth, the entire absence of bad symptoms in the child, operated upon as so early an age, was noticed.

OPERATIONS IN PNEUMOTHORAX.—Dr. Weil (*Wiener Medicinische Wochenschrift*, No. 39, 1882) claims that: First, in most cases there is but little reason for operative interference. In some of even the most hopeless ones an operation may prolong life. Second, in cases with a relatively favorable prognosis, operative procedures may sometimes even lead to a complete cure. Third, in the first five or six weeks after the development of pneumothorax, an operation should not be resorted to unless dyspnœa threatens life. Fourth, if dyspnœa becomes severe soon after the onset of the pneumothorax, and is not controllable by narcotics, then chest-wall puncture is necessary. If dyspnœa speedily return, as is generally the case, owing to non-closure of the opening into the lung, an incision must be made. Fifth, if asphyxia threatens, several weeks, later it is due to an accumulation of fluid, which must be withdrawn by aspiration. If aspiration prove unsuccessful, then a free incision should be made. Sixth, in cases with relatively favorable prognosis, it is advisable to operate, even though there be no danger of life; but it is better to wait from four to six weeks, as then the lung fistula will probably be closed, and the fever have subsided. Various procedures must be adopted. The character and amount of the exudation will indicate the procedure. Seventh, in cases where the fluid is in excess, and the air has nearly disappeared, the fluid should be drawn off in small quantities at a time. Eighth, in sero-fibrinous exudations draw off small quantities from time to time by simple puncture or by aspiration. Ninth, if the exudation become purulent, Senator's method becomes imperatively indicated. Tenth, if pus reaccumulate rapidly, the conditions being otherwise favorable, incision must be practised at once. Eleventh, if the fluid remain scanty and the air be unabsorbed at the end of five weeks or more, the most rational plan is to draw off the gas through the aspirator needle, and so bring the case under the seventh category, where treatment yields better results. Twelfth, if case is stationary with a

moderate amount of fluid and considerable gas, withdrawal of both by the aspirator is indicated.

DEAFNESS FROM QUININE.—Dr. Landesberg (*Medical and Surgical Reporter*, March 31st, 1883) reports two cases in which quinine produced deafness, which rapidly disappeared on the use of the drug.

ACUTE RHEUMATISM.—Dr. J. M. Granville (*British Medical Journal*, April 7th, 1883) claims prompt effects from the following procedure in acute rheumatism: Give as early as possible in the affection the below described mixture, but do nothing else except to pack the painful joints in loose cotton wool wraps covered with flannel, but no oil silk or waterproof material. Then give: $\mathcal{R}$ Tinct. aconit. rad. m. x; ammon. sulphidi m. xvi; aquæ ment. vir. dest. $\mathfrak{z}$ vi. A fourth part of this should be taken every fourth, or in severe cases every third hour. The mixture should not be prescribed in greater quantity than four doses, because the sulphide of ammonium has a tendency to decompose and deposit sulphur.

MYXEDEMA AFTER POST-PARTUM HEMORRHAGE.—Dr. T. R. H. Clurin, Prestwich, England (*British Medical Journal*, April 7th, 1883), reports a case of myxœdema which supervened upon a severe *post partum* hemorrhage. The patient was a poor cottager aged forty.

PERIOD OF INCUBATION OF MEASLES.—Dr. W. E. Green (*British Medical Journal*, April 7th, 1883) comes to the conclusion that the period of incubation of measles is fourteen days, but it may vary a few hours either way. The discrepancies in the text-books are due to the following courses: First, measles may be communicated at least four days before the rash appears. Secondly, that in a certain number of cases a slight rash appears upon the face and chest two to four days before the general rash comes out.

DISLOCATION OF THE FIFTH CERVICAL.—Dr. Williams (*British Medical Journal*, April 7th, 1883), at a recent meeting of the Norwich Medico-Chirurgical Society, exhibited a specimen of dislocation of the fifth cervical vertebra in which reduction was effected by extension made from the chin and occiput and counter-extension made from the shoulders. The reduction was accompanied by a distinct click. On autopsy on the fifth day after receipt of injury, the fifth cervical vertebra was found dislocated without any fracture of either it or the sixth. Careful manipulation easily reduced the bone, but on cessation of extension displacement again occurred. The position which the head had been placed after reduction

on a pillow level with the injured vertebra was found to be essentially wrong, as it did not prevent the head and upper cervical vertebræ from being carried forward, reproducing the dislocation. The head should have been placed over the edge of the mattress, merely supporting it by means of a band attached above the bed.

CLIMACTERIC DYSPEPSIA occurs, according to Dr. Prangley (*British Medical Journal*, April 7th, 1883), in women between forty and sixty. The symptoms are those of great nervous depression, pain at the top of head, noises in the ears, hot flushes and chills, curious abdominal sensations, precordial distress, palpitation, constipation, coated tongue, and foul breath. Treatment consists in administration of bismuth and ammonia and potash bicarbonate, with valerian, if nervous symptoms predominate, followed by quinine, strychnine, and dilute nitromuriatic acid.

SUDDEN HAIR AND SKIN CHANGES.—Dr. W. J. Smyly (*British Medical Journal*, April 7th, 1883) reports the case of an apparently healthy child who, at four months of age, was attacked by acute inflammation followed by suppuration in the left temporal bone. Paralysis of the left side of the face with lagophthalmus and of the soft palate resulted. One morning the hair on the right side of the head was found changed from a mouse color to a reddish yellow; also the right eyebrow, while the skin of these parts and of the right hand was icteric. The pillow was saturated with a reddish yellow perspiration. The abscess behind the ear was evacuated by a free incision. Although the child subsequently became hemiplegic, it made a good recovery.

SILVER NITRATE IN LOCOMOTOR ATAXIA.—Dr. H. C. Tweedy (*British Medical Journal*, April 7th, 1883) reports the case of a sixty-year-old pensioner who was admitted to the Stevens Hospital in 1871 for locomotor ataxia. The patient was treated with silver nitrate in $\frac{1}{8}$ grain doses, thrice daily, for twelve years. He became argyriized, but the ataxic symptoms banished.

ORIGINAL ARTICLES.

THE HAIR, ITS USE AND ITS CARE. Abstract of a Paper Read before the Pennsylvania State Medical Society, by JOHN V. SHOEMAKER, A.M., M.D., Physician to the Philadelphia Hospital for Skin Diseases.

The object of this paper is to briefly describe the hair and its important functions, and to suggest the

proper manner of preserving it in a healthy state. I know well that much has been written upon this useful part of the human economy, but the constant increase of bald heads and beardless faces, notwithstanding all our modern advancement in the application of remedies to the cure of disease, prompts me to point out to you the many ways of retaining, without medication, the hair, which is a defence, ornamentation, and adornment to the human body.

Now, the hair, which fulfils such an important function in the adornment and health of the body, requires both constitutional and local care, to keep it in a normal, healthy state. When I say constitutional care, I mean that the various organs of the body that assist in nourishing and sustaining the hair-forming apparatus should, by judicious diet, exercise, and attention to the nervous system, be kept healthy and sound, in order that they in turn may assist in preserving the hairs in a vigorous condition. In the first place, that essential material, food, which is necessary to supply the waste and repair of all animal life, should be selected, given, or used according to good judgment and experience. Thus mothers should feed their infants at regular intervals according to their age, and not permit them to constantly pull on the breast or the bottle until the little stomach becomes gorged with food, and some alimentary disorder supervenes, often setting up a rash and interfering with the growth and development of the hair. It is likewise important, in case the babe must be artificially fed, to select good nutritious food as near as possible like the mother's—cow's milk, properly prepared, being the only recognized substitute. Care and discretion should likewise be taken by parents and nurses after the infant has developed into childhood to give simple, substantial, and varied food at regular periods of the day, and not in such quantities as to overload the stomach. Children need active nutrition to develop them into robust and healthy men and women; and it is from neglecting these important laws of health, and in allowing improper food, that very often bring their results in scald head, ringworm, and scrofula, that leave their stamp in the poor development of the hair. With the advent of youth and the advance of years food should be selected and partaken of according to the judgment and experience of its acceptable and wholesome action on the consumer. The meals should also be taken at regular intervals. At least four hours should be left between them for the act of digestion and the proper rest of the stomach. It is, on the contrary, when the voice of nature has been slighted, when judgment and experience has been set aside, that mischief follows; when the stom-

ach is teased and fretted with overloading, and the food gulped down without being masticated, gastric and intestinal derangement supervenes, which is one of the most prolific sources of the early decay and fall of the hair.

The nervous system, which is one of the most important portions of the human structure, and which controls circulation, secretion, and nutrition, often, by being impaired, plays a prominent part in the production of baldness. Thus it has been demonstrated by modern investigation that the nerves of nutrition, by their defective action, are often the cause of thinning and loss of hair.

The nutritive action of a part is known to suddenly fail, the hair-forming apparatus ceases to act, the skin changes from a peculiar healthy hue to a white and shining appearance, and loses at the same time its sensibility, the hairs drop out, until a very few remain, and the part is entirely bald. It is the overtaxing of the physical powers, excessive brain work, the exacting demands made by parents and teachers upon children's mental faculties, the loss of sleep, incessant cares, anxiety, grief, excitement, the sudden depression and exaltation of spirits, irregular and hastily bolted meals, the lack of rest, recreation, and the abuse of tobacco, spirits, tea, coffee, and drugs of all forms, that are fruitful sources of this defective action of the nerves of nutrition, and consequent general thinning and loss of hair.

The hair, particularly of the head, should also receive marked local attention. In reference to the use of coverings for it, I know of no better rules than those which I laid down in my chapter on clothing in "Household Practice of Medicine" (Vol. I., p. 218, Wm. Hood & Co., New York), in which I state that the head is the only part of the body so protected by nature as to need no artificial covering.

The stiff hats, so extensively worn by men, produce more or less injury. Premature baldness most frequently first attacks that part of the head where pressure is made by the hat. It is, indeed, a pity that custom has so rigidly decreed that men and women must not appear out of doors with heads uncovered. It would be far better for the hair if to be bareheaded were the rule, and to wear a hat the exception. Since we cannot change our social regulations in this respect, we should endeavor to render them as harmless as possible. The forms of hats that are least injurious are, for winter, soft hats of light weight, having an open structure, or pierced with numerous holes; for summer, light straws, also of open structure. As regards the head covering of women, the fashions have been for several years favorable to proper form. The bonnet and hat have

become quite small, and cover but little of the head. This beneficial condition, however, is in part counter-balanced by the weight of false curls, switches, puffs, etc., by the aid of which women dress the head. These, by interfering with evaporation of the secretions, prevent proper regulation of the temperature of the scalp, and likewise lead to the retention of a certain amount of excrementitious matter, both of which things are a prolific source of rapid thinning and loss of hair in woman. False hair has likewise sometimes been the means of introducing parasites, which give rise to obstinate affections of the scalp.

Cleanliness of the entire surface of the skin should next demand attention, and that should be done by water, the medium of ablution. It is a well-known physiological law that it is necessary, in order to enable the skin to carry on its healthful action, to have washed off with water the constantly cast off scales, which become mingled with the unctuous and saline products, together with particles of dirt which coat over the pores, and thus interfere with the development of the hairs. Water for ablution can be of any temperature that may be acceptable and agreeable, according to the custom and condition of the bather's health.

Many chemical substances can be combined with water to cleanse these effete productions from the skin.

Soap is the most efficacious of all for cleanliness, health, and the avoidance of diseases. Soap combines better with water to render these unctuous products miscible, and readily removes them thoroughly from the skin.

The best variety of soap to use is the pure white soap, which cannot be as easily adulterated by coloring material, or disguised by some perfume or medicinal substance. Ablution with soap and water should be performed once or twice a week at least, particularly to the head and beard, in order to keep open the hair tubes so that they may take in oxygen, give out carbon, carry on their nutrition, and maintain the hairs in a fine, polished and healthy condition.

In using water to the scalp and beard, care should be taken not to use soap-water too frequently, as it often causes irritation of the glands and leads to the formation of scurf. It is equally important to avoid using to the head the daily shower bath, which by its sudden rapid and heavy fall, excites local irritation, and, as a result, loss of hair quickly follows. In case the health demands the shower bath, the hair should be protected by a bathing cap.

The most acceptable time to wash the hair to those

not accustomed to doing it with their morning bath, is just before retiring, so they may avoid going into the open air, or getting into a draught and taking cold.

After washing, the hair should be briskly rubbed with rough towels, the Turkish towel heated being particularly serviceable. Those who are delicate or sick, and fear taking cold or being chilled from the wet or damp hairs, should have rubbed into the scalp a little bay-rum, alcohol, or oil, a short time after the parts have been well chafed with towels. The oil is particularly serviceable at this period, as it is better absorbed, and at the same time overcomes any dryness of the skin, which often follows washing.

It might be well to add, in this connection, that I have frequently been consulted by those taking salt-water baths, as to the care of the hair during and after the bath. If the bather is in good health, if the hair is normal, the bather can go in the surf and remain at least fifteen minutes, and on coming out should rub it thoroughly with towels. Ladies should permit the hair to remain loose until thoroughly dry, after which it can be advantageously dressed. It is, however, often injurious to both men and women to go into the surf having some wasting of the hair, without properly protecting it; the sea-water has not, as is often thought, a tonic action on the scalp; on the contrary, it often excites irritation and general thinning. Again, it is most decidedly injurious to the hair for persons to remain in the surf one or two hours, the hair wet, and the head unprotected from the rays of the sun. This latter class of bathers, and those who hurriedly dress the hair wet, which soon becomes mouldy and emits a disagreeable odor, are frequent sufferers from general loss and thinning of the hair.

An agreeable and efficient adjunct after ablution, which I have already referred to, is oil. Oil has not only a cleansing action upon the scalp, but it also overcomes any rough or uneven state of the hair, and gives it a soft and glossy appearance. The oil of ergot is particularly serviceable in fulfilling these indications, and at the same time by its soothing and slight astringent action upon the glands will arrest the formation of scurf. In using oil, the animal and vegetable oils should always be preferred, as mineral oils, especially the petroleum products, have very poor affinity for animal tissues.

Pomatum is largely used by many in place of oil, as it remains on the surface, and gives a full appearance to the hairs, thus hiding sometimes the thinness of the hair. It will do no harm or no special good if it contains pure grease, wax, harmless per-

fume, and coloring matter, but it is often highly adulterated or, the fat in it decomposing, sets up irritation on the parts to which it is applied. I, therefore, always advise against its use.

The comb and brush are also agents of the toilet, by which the hair is kept clean, vigorous and healthy. The comb should be of flexible gum, with large, broad, blunt, round, and course teeth, having plenty of elasticity. It should be used to remove from the hairs any scurf or dirt that may have become entangled in them, to separate the hairs and prevent them from becoming matted and twisted together. The fine tooth comb, made with the teeth much closer together, can be used in place of the regular toilet comb just named when the hair is filled with very fine particles of scurf, dirt, or when parasites and their eggs invest the hairs. It should, however, always be borne in mind that combs are only for the hair, and not for the scalp or the skin, which is too often torn and dug up by carelessly and roughly pulling these valuable and important articles of toilet through the skin as well as the hair.

The brush, with moderately stiff whalebone bristles, may be passed gently over the hair several times during the day, to brush out the dust and the dandruff and to keep the hair smooth, soft, and clean, rough and hard brushing the hair with brushes having very stiff bristles in them, especially the metal or wire brushes, are of no service, but often irritate the parts and cause the hair to fall out. The doctor then denounced the use of the so-called electric brush, saying its use was injurious, as also was the effort to remove dandruff by the aid of the comb and brush.

Continuing, he remarked: And now the question arises, Should the hair be periodically cut? It may be that cutting and shaving may for the time increase the action of the growth, but it has no permanent effect either upon the hair-bulb or the hair-sac, and will not in any way add to the life of the hair.

On the contrary, cutting and shaving will cause the hair to grow longer for the time being, but in the end will inevitably shorten its term of life by exhausting the nutritive action of the hair-forming apparatus. When the hairs are frequently cut, they will usually become coarser, often losing the beautiful gloss of the fine and delicate hairs.

The pigment will likewise change—brown, for instance, becoming chestnut, and black changing to a dark brown.

In addition, the ends of very many will be split and ragged, presenting a brush-like appearance. If the hairs appear stunted in their growth upon portions of the scalp or beard, or gray hairs crop up

here and there, the method of clipping off the ends of the short hairs, of plucking out the ragged, withered, and gray hairs, will allow them to grow stronger, longer, and thicker.

Mothers in rearing their children should not cut their hair at certain periods of the year (during the superstitious time of full moon) in order to increase its length and luxuriance as they bloom into womanhood and manhood. This habit of cutting the hair of children brings evil in place of good, and is also condemned by the distinguished worker in this department, Professor Kaposi, of Vienna, who states that it is well known that the hair of women, who possess luxuriant locks from time of girlhood, never again attains its original length after having once been cut.

Picus has made the same observation by frequent experiment, and he adds that there is a general opinion that frequent cutting of the hair increases its length, but the effect is different from that generally supposed. Thus, upon one occasion, he states that he cut off circles of hair an inch in diameter on heads of healthy men, and from week to week compared the intensity of growth of the shorn place with the rest of the hair.

The result was surprising to this close and careful observer, as he found in some cases the members were equal, but generally the growth became slower after cutting, and he has never observed an increase in rapidity. I might also add that I believe that many beardless faces and bald heads in middle and advancing age is often due to constant cutting and shaving in early life. The young girls and boys—seen daily upon our streets with their closely cropped heads, and the young men with their clean-shaven faces, are year by year, by this fashion, having their hair-forming apparatus overstrained.

I also must condemn the modern practice of curling and crimping, the use of bandoline and all varieties of gum solutions, sharp hair-pins, long pointed metal ornaments and hair combs, the wearing of chignons, false plaits, curls, and frizzes, as the latter are liable to cause headaches and tend to congestion.

Likewise, I protest against the use of castor oil, and the various mixtures extolled as the best tonics, restoratives, vegetable hair dye, or depilatory, as they are highly injurious instead of beneficial, the majority of hair dyes being largely composed of lead salts. But should your patients wish to hide their gray hairs, probably the best hair dye that can be used safely is pyrogallic acid of walnut juice, the hairs being first washed with an alkaline solution to get rid of the grease. Nitrate of silver is also a

good and safe hair dye, but its application should be done by one experienced in its use.

The judicious use of these hair dyes will give the hair above the surface of the skin a brownish-black appearance, the intensity of the color which depends upon the strength of the solution. But hair-dying for premature grayness should be avoided, as the diseased condition may be averted by the proper remedies. Never permit the hair to be bleached for the purpose of obtaining the fashionable golden hue, as the arsenical solution generally used is highly dangerous; but if your patients must have their hair a golden color, insist upon their hair-dresser using the peroxide of hydrogen, which is less dangerous than the preparation first mentioned.

Perhaps one of the most pernicious compounds used for the hair at the present day, is that which is sold in the shops as a depilatory. It is usually a mixture of quick-lime and arsenic, and is wrongly used and recommended at this time by many physicians to remove hairy moulds and an excessive growth of hair upon ladies' faces.

Its application excites inflammation of the skin, and while it removes the hair from the surface for the time, it often leaves a scar, or the part, rough, congested, and deformed. In the mean time the hair will grow after a short period stronger, coarser, and changed in color, which will even more disfigure the person's countenance.

With the present scientific knowledge of the application of electrolyses, hairs can be removed from the face of ladies or children, or in any improper situation, in the most harmless manner without using such obnoxious and injurious compounds as depilatories.

In conclusion, let me add that if the hair becomes altered in texture, or falls out gradually or suddenly, or changes in color, a disease of the hair, either locally or generally, has set in, and the hair, and perhaps the constitution, now needs, as in any other disease the constant care of the physician.

A general remedy for this or that hair disease that may develop will not answer, as hair diseases, like other affections, have no one remedy which will overcome wasting, thinning, or loss of color. Patients reasoning upon this belief frequently apply to me for a remedy to restore their hair to its full vigor or give them back its color. I always reply that I have no such remedy. The general health as well as the scalp and hairs must be examined carefully, particularly the latter, with the lense and microscope. All changes must be watched, and the treatment varied from time to time according to the indications.

No one remedy can, therefore, under any circumstances, suit, as the remedy used to-day may be changed at the next or succeeding visit.

No remedy for the hair will be necessary, if the advice be followed which I have just narrated, and which is the result of some seven years of labor and experience.

The proper consideration and putting into practice of these suggestions will most certainly secure to the rising generation fewer bald heads and more permanent hair than we possess at the present day.

SELECTIONS.

AN ADDRESS ON RENAL INADEQUACY. Delivered before the Metropolitan Counties Branch (Hackney District), February 15th, 1883, by ANDREW CLARK, M.D., LL.D., Physician and Lecturer on Clinical Medicine, London Hospital; President of the Clinical Society.

GENTLEMEN: After much, and indeed grave consideration, I have come to the conclusion that age is not to be gauged by years, but by feelings. I think that, so long as a man retains his receptivity, his power of adjusting himself to the ever-varying environments of life, and his capacity to see, in the new things which the development of the ages brings before him, goodness, he may be saved from being brought within the category of "old" men. Now, I do not know that I have retained my receptivity, and I do not know that I quite adjust myself to all the varying environments of my life; but I do know that I retain, and have a very lively sense of the good things that the age is presenting to us; and on that account, if on no other, I will ask you to exempt me from being called old. I am struck particularly with the young men of this time. Looking back, I am afraid to say, but must say, thirty years, I notice a marked distinction between the young men of those days and the young men of these days—whether they be in consulting practice or in general practice. I notice, or I think I notice, a greater zeal, a greater industry, a greater frankness, a greater readiness to confess and remedy errors, a greater care in the expression of opinion; and, I think also, a less consideration of their own personality in their work. I admire the young men of the present time very much. But there are one or two things that I do not admire in them—that I quarrel with them for. I will only mention one thing to-night; it will be enough for to-night, and it will be the key-note of the subject which I am approaching. Most of

the young men of the time declare that there is no such thing as functional disease, and that is one of my quarrels with them ; for I think that all disease, in its primitive condition, is essentially functional. I think that what people call structural or organic disease is but an event in the history of disease ; and that, long before the structural change appears, there has been going on, for we know not how long, changes in the physical condition, changes in the physical action or interaction of forces, various conditions, in short, most powerful in relation to the actual state of living affairs, though invisible to the naked eye. I think that disease expresses itself in three different ways. First, we have disease expressing itself by what we call mere alteration of function, in which state, by no means at our command at the present time, can we discover the smallest change in the structure ; and that is what I call functional disease. In the second place, disease expresses itself in visible changes of structure, which are temporary only, and not permanent. For instance, take hay-fever. I believe myself that hay-fever is preceded by molecular and chemical disturbances, and that, at a certain stage of these, there arises suddenly a swelling of the mucous membrane of the nose, together with the production of a viscid irritating secretion, which gives rise to sneezing and the other phenomena with which we are all familiar. And, lastly, there is a third aspect of disease, in which, with the preliminary physical or chemical changes, or both, with the transitory structural changes, there comes at last a permanent change ; as, for example, cancer or tubercle. Take, for a moment, the case of cancer of the stomach. Years before cancer of the stomach appears, you will find in some of those people, that they are subject to pain or other distress. Somewhat later in the day, they are subject to recurring attacks of catarrh of the stomach, as it is called—states of the stomach in which the mucous membrane swells up, producing viscid irritating secretions, giving rise to what we call forms of indigestion ; and then, after treatment, or independent of treatment, it subsides. This will go on for years, and by and by growth riots over development, and at last a permanent structural change appears, and we have what we call the third aspect of the way in which disease manifests itself. There is the first stage, and it is the first stage to-night to which I wish to allude, in which we have symptoms of disease without any visible alteration of structure discernible by any means at our command.

Every man present, I am sure, knows as well as I do multitudes of people who are constantly suffering from ailing health, and whose ailing health cannot

be referred satisfactorily to any definite cause. The progress of knowledge is greatly enlightening our ignorance about these multitudes of people. It is telling us that some of these people owe their troubles to heredity, to the father who has “eaten sour grapes, and set his children’s teeth on edge,” to a capricious, weak, and irritable nervous system, to violations, petty but continuous, of simple physiological laws, and so on. But there are numbers of this multitude of ailing people whose illnesses cannot be accounted for by any one of these causes to which I have alluded. Upon this multitude I would venture to make a little inroad, and I say that one considerable part of that multitude owes its ill health to deficient excretion.

We all know the importance to the solidarity and health of the economy of an adequate production and discharge of sweat. We know equally the importance to the economy of the adequate production and regular discharge of fæces. I am confident, with respect of this latter part of the question, that numbers of young women owe their anæmias, their chloroses, their defects of health of various sorts, and often of long duration, to the inadequate discharge from the body of fæces ; and I now well understand that which one of our great fathers in medicine is reported to have said, speaking of the treatment of anæmia, that, if he had only two remedies to deal with anæmia in young women—purgatives and iron—he would prefer to rely for success on his purgatives. Well, the same thing may be said about defective excretion from the kidney. The kidney, as we all know, has a very important function to discharge, and the well-being of the economy seems, in a very peculiar and definite way, to depend upon the adequate discharge of the kidney’s offices. We know that what is called Bright’s disease is not, as a rule, a structural alteration in the kidney which brings about at last a fatal issue, but it is interference with the function of the organ, interference with the eliminative function of the organ ; it is not simply the letting out of albumen, for similar amounts of albumen and greater amounts of albumen in other affections can be discharged from the body without serious detriment to its well being ; it is interference with its excretory function ; it is the retention in the blood of matters which ought to be cast off from the blood, and which, not being cast off from the blood, remain in it and poison it. There are cases which, in some measure, I venture to separate off entirely from Bright’s disease, in which the kidney, without any sensible alteration of structure that our modern means of investigation will enable us to determine, cannot

produce a healthy urine. Such kidneys produce a urine which, assuming the quantity to be a quantity of health, is low in density, and is deficient in solid constituents, principally the constituent of urea and its congeners. I will exclude uric acid. I have spoken on this subject once before, and, on that occasion, I committed an error. I said that the main feature of a kidney in this state was, that it could not secrete urine with a proper amount of urea and uric acid; but I find that many of these kidneys, of which I shall speak more precisely in a moment, do not have a deficiency of uric acid; I have learned that since. They have all, however, a deficiency of urea. There is a certain state of the kidney, I repeat, in which, without any alteration of structure that the eye can detect, it can, nevertheless, not produce a perfectly healthy urine. It is a urine low in density and deficient in solid constituents, principally in urea and its congeners. I call this state renal inadequacy.

You may say, "It seems scarcely wise to introduce a name like that, when probably it is nothing less than an early stage of Bright's disease. Why bring in another name?" I will not say that it is not an early stage of Bright's disease; I do not know. I think it need not necessarily be; but I shall assume that it is, perhaps, a very early stage of Bright's disease. I nevertheless think it of practical value—and we who are here to-night are practical men—to recognize by a distinct name a state which may remain as it is during the whole period of life, which is nevertheless capable of removal, and which, if unnoticed, may lead to serious injury to the patient.

Let me explain. The people who have this renal inadequacy are characterized by three things particularly. First and foremost, they are characterized by a curious inability properly to repair damages done to them either by accident or by disease. I have no doubt you, as well as I, have often been puzzled to know why, in particular cases, they could not repair a common accident; or why, in a disease such as pneumonia, the exuded stuff was not melted and speedily swept away; why a man who had met with some trifling accident in the wrist or shoulder remained suffering from it. Then, they not only repair damages of this kind slowly, but they are peculiarly vulnerable. They are the people, as a rule, who are always catching cold, and who, when they catch cold, come within the category of the first characteristic—namely, that they do not get rid of the cold. They are the people who, without apparent reason, and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like. Then, thirdly

—and, I think, almost the most important thing to be noticed about these cases—you can never be sure of the result of the performance of an ordinary surgical operation upon them. It is this class of people, as I had the opportunity a few years ago, in London, of discovering, that die from a simple operation by hemorrhage. It is this class of people who have an abscess opened and immediately become what is called pyæmic. It is this class of people who, without being able to explain it, attracted the notice of that distinguished surgeon Sir James Paget. Some years ago he said, "Whenever I find a man in ill-health, without definite cause for the ill-health, I feel sure that my chances of success in operating upon him are diminished by at least one half." Subsequently he found out, and recently expressed the opinion to me which I had expressed upon a patient of his, that it was due to the low density of the water. The story is this. I was summoned to see a man who was about to undergo a surgical operation, and I was asked the question, "Is this man a suitable person for a surgical operation?" I required, before pronouncing judgment, that I should have the complete urine of two days kept and sent to me. I examined it. The urine was under the quantity—under forty ounces; the density was 1008, or thereabouts; there was no albumen; there were no casts; but the urea was 1.2. I replied, that it would be at the peril of his life if any operation were performed upon him. They were not satisfied—at least the surgeon was not—with this expression of opinion. Sir James Paget was called in, and he gave the same judgment. Meeting him afterward in consultation, he asked me the question, "Why did you object to an operation being performed upon the patient?" I said, "On account of the state of the urine;" and he said, "I objected also on the same ground." That shows that from different quarters this question of renal inadequacy has presented itself to the surgeon's mind as well as to the physician's. This, then, is what I mean by renal inadequacy. I refer to those people who have kidneys which, though not materially altered, or at least not altered in any way that we can determine by physical investigation, are yet incapable of producing a sufficiently healthy urine (like an imperfect skin, that is incapable of producing sweat); I mean a urine sufficiently rich in the ordinary matters of waste which it is the business of the kidney to discharge from the body.

Now, how are you to know these cases? How are you to discover them? Here, I am bound to say, that I know of no distinctive symptoms whereby, in the early stage of renal inadequacy, you can

discover these cases with certainty. The patients are ailing people. I began by saying that there were before all of us, in our daily life, multitudes of ailing people, the explanation of whose cases was hidden from us, and I said that I wanted to make an inroad on that multitude, and pull out from it a number of these renal inadequacy cases. Now I have to confess that, in the early stage, I know of no symptom whereby you can with certainty detect these cases. The only thing I can say is this: When you get hold of a patient who is ill, suffering sometimes from dyspepsia, or nervousness, having headaches or complaining of *malaise* and weakness, who cannot sleep well, who cannot do his work very well, examine his urine, and if you find that the urine is low in density, you had better proceed a little further, and be very precise, and get the urine of twenty-four hours; and if you find that it is under fifty ounces in quantity, that it has not a specific gravity of 1010, and that the urea in it is deficient in amount—under 2 per cent—then, whether there be albumen in the urine or not (I am not now speaking of albuminous urine), whether there be any casts or not, whether there be granular *débris* deposited or not, you may know with certainty that the kidney is not doing its duty. Well, it may not be, although these kidneys are not doing their duty, that the defect is the cause of the patient's ill health. How are you to ascertain that? You can sometimes, not always (always does not happen to honest men), ascertain it in this way. If you give a patient a liberal diet he gets worse; and what is the strangest thing I know about these cases is that, if you give a patient a very liberal diet, namely, food and wine, the specific gravity of the urine, instead of increasing, as you would expect, diminishes in density. Furthermore, you may discover that the renal trouble is the cause of their symptoms if you notice in them—and you can notice it very often—that a diminution in the bulk of the urine is always attended by an aggravation of their sufferings. And there is one other way, which is the other surprising thing about these cases, that if you diminish the quantity of food, if you make the patients careful about their ingoings and careful about their outgoings, you will see at once a great improvement. I have, for example, a case in my mind's eye, which I saw with two or three doctors some time ago. The patient was a man who was extremely distressed, short of breath, with palpitations, headaches, and great distress of body in various ways; he had a weak heart also. The doctors who had seen him said that he wanted keeping up. Being a rich man, he was kept up, and he was no better for the keeping up. He had meat and wine

in plenty, but he got weaker and weaker. He was then put upon a starving plan—that means, upon a physiological plan, upon a plan which would give him just enough good food for the maintenance of the body and no superfluity, with enough water to form an abundant vehicle for the chemical operations which are necessary, not only for the formation of waste matters, but for carrying them off. He was put upon an old woman's diet, three meals a day; tea and toast for breakfast, a mid-day dinner, with a little animal food, and tea and toast for tea—a John Abernethyan diet. In a very short time the urine, which had gone down to 1004, began to rise; instead of getting lower and lower in density with the diminished diet, it got higher and higher, and the patient got better and better—not quite well, but pretty well. These circumstances with reference to the state of the urine, the diminution of the urea, the fact that the increase of food makes the patient worse, and that, within certain limits, the diminution of foods makes him better, with attentions to the secretions—these circumstances put together will soon enable you, I think, with sufficient accuracy to determine what is the sort of case that you are dealing with; and I venture to think that the knowledge which you will acquire as you go on will be sufficiently useful to you to justify me in having presumed to occupy your time for a few moments to-night. You will know one or two things about these patients which, for their safety and their well-being, it is well to know. You will know that these people cannot be operated upon with the ordinary chances of success. You will know that if they take cold you must treat the cold in them as a serious thing. You will know that if they are ill, that if they have a headache or pneumonia, you will be able to warn the patient's friends (and foresight is an important thing in medicine) that they may not recover immediately from the effects of the disease—nay, more, that the unabsorbed pneumonic products may remain to be centres and sources of future mischief. These are important points.

I have said that you cannot distinctly recognize these cases by any definite symptoms, but as the cases progress, if they be not well managed, that is if the management be not adjusted to the fact that they are chimneys being choked, and that you cannot keep a roaring fire on, if these cases go on they develop symptoms which are exceedingly characteristic of this state of renal inadequacy, and they develop symptoms curiously enough, which make the case at last resemble most closely a class of cases which Dr. Ord has drawn attention to, and has termed myxœdema, and a class of cases which my friend Dr. B. has for five or six years been collecting

for me. Cases of renal inadequacy after a certain time assume characteristics so like myxœdema, and so like those other cases to which I have referred, that they can scarcely be distinguished. They get puffy, they get pink and white, their skin begins to get dry and glossy, and by-and-by wrinkly, and ceases to sweat; their face gets puffed up and swollen, without being actually œdematous. Their articulation becomes slow and almost painfully deliberate; the hair begins to fall, then the pinkish or pinkish-blue aspect appears upon the face, and they sometimes stagger a little in their gait. When you see these cases you know at once that they are either the so-called cases of myxœdema, or they are the cases in which in an advanced degree you will find extreme renal inadequacy, the urine being sometimes as low as 1004, without any albumen, without any casts, and defective in the main solid constituents of urine—urea and its congeners. And though I cannot prove to you that there is no ordinary Bright's disease in such cases, I can, as it happens, mention to you one case—not in a very advanced degree, I admit—in which I had the opportunity of examining the kidney of a person with renal inadequacy who died from another cause—from fever. There was no evidence in the kidney capable of being recognized by any ordinary pathological anatomist of the existence of distinct structural lesion. Although, then, we cannot in the early stage recognize these cases, we may, I think, in the later stages do so. Now, what is the prognosis in these cases? Suppose you meet with one of these cases, and you have determined in one way or the other—either in the ways I have rudely set forth to you, or in other ways that you will discover for yourselves—that you are dealing with a case of renal inadequacy; what is to be the future? What are you to say to the friends (for this power of prognosis is very important in our dealings with society) about the future of such a case? Well, judging from my own experience, I would say that if you can get the patient under complete control, if you can place him under proper physiological conditions, if you can regulate his food, his work, his exercise, and if you can make him sufficiently careful about exposure, I think, although you may not heal the kidney, for the kidney will continue to be inadequate, you may indefinitely prolong the life. At the same time it must be remembered that on account of this renal inadequacy, which so far as I know, we cannot remove—at least I cannot remove it—you must be prepared to tell the friends that the life is a perilous one, that the patient is liable to peril from slight surgical operations, liable to inflammations, and that when he has inflammations they will be difficult to

repair. Again, if the patient falls into an accident it may beget untoward complications, and if the disease goes on, and he is not careful, he will be liable to hemorrhages.

The first case of the kind (and the word hemorrhage recalls it to my mind) in which I clearly recognized the idea of renal inadequacy, occurred in the person of the celebrated mathematician Archibald Smith, to whose observations we owe it that we can steer an iron ship. He came to me fifteen or sixteen years ago in ailing health; and, adopting the vernacular of the time, and not thinking so carefully then as circumstances force me to think now, I said, "It is overwork." Now I am not so ready to speak of overwork as a cause of disease. I am heretic enough to say that work kills nobody; it is bad management and worry, not work. Archibald Smith was a very interesting man; I paid close attention to his case, and became intimate with him, so that I had an abundant opportunity of watching him. I began at last to notice what curiously pale urine he had. I thought, "This is because he drinks too much liquid;" but I found that, though he did drink a good deal of liquid, he could not discharge more than the normal amount by the kidney, which is another circumstance about these cases which I did not mention. He was a great drinker of water, but he could not for the life of him discharge more than fifty ounces by the kidneys. I was struck with this, and I watched the state of urine more and more, and I found that it was always a pale urine, of a density varying from 1010 to 1002 or 1003, never containing albumen, never containing casts, never containing any amount of *débris* which might be broken up casts—nothing to indicate that there was renal disease in the ordinary sense of the word; but I noticed as he went on that, as his general health failed more and more, the urine became habitually lower and lower, until at last he died suddenly of hemorrhage; and a *post-mortem* examination by Mr. Patten, of Putney, revealed no ordinary evidence (I am bound to say there was no microscopical examination) of renal disease. It seemed, as far as I could make it out, to be a case wherein, without any obvious disease of the arteries, without any such obvious change as Sir William Gull and Dr. Sutton have described, the vessels gave way, and the patient died from hemorrhage. You can say with regard to these cases, in the way of prognosis, that, if care be taken, if compensation be made for the defective kidney, then probably they may go on indefinitely, that is, they may reach the full term of life allotted to man.

If, then, that be the prognosis, how is one to manage a case of this kind? Well, I think the first

thing to recognize in chronic disease is that, perhaps in seven out of ten ordinary cases of disease that come before us, it is not we who are the curers of disease, it is nature. I think that sometimes we are the curers in spite of nature ; but in the majority of instances, it is the organism which resists the advance of disease, and it repairs the damages which the disease has done ; and our chief object in the treatment of every chronic affection is to place the organism in the conditions most favorable to the development of the highest health of which the organism in those conditions may be capable ; for in that highest physiological condition I assume that it will exercise and continue to exercise the greatest resisting power and the greatest repairing power. That means, then, that you are to put the patient under close obedience to the laws of health. In doing this, you will probably be open to the reproach that, in dealing with chronic cases, your rules of diet and your rules of management are very much the same. You may be scoffed and jeered at. But, after all, the physiological laws of the organs are much the same for most men ; and, although it is true that the law of the individual very often traverses a little the law of the race, yet, in the main broad points of management, the physiological laws for every organism are so nearly alike as to necessitate a certain sameness in the management of organisms. I apprehend the first rule is to place your patient under physiological conditions which you know by your experience and your training to contribute most to the development of health. In the second place comes in the something which traverses these laws ; and that something is the defect in the organism. It is not enough to say to a man with renal inadequacy exactly what you would say to a man who had no recognizable defect in his organism. You would say to him, "Eat and drink, and take exercise, be warmly clothed, have sufficient sleep, do your appointed work, and have no fear." It would not do to say that quite to a man with renal inadequacy. So that, although the first rule to be laid for the individual with regard to the physiological laws which subserve the health remains, it must be plus those modifications which the defect in the organism requires. You would not mind a man pursuing an active course of vigorous life eating a pound of meat a day ; but if you allowed a man with renal inadequacy to eat a pound of meat a day, it would certainly kill him. So that the second rule about these cases is that, while laying down the simple physiological laws of simplicity and regularity of diet, you will modify these laws so far as the kidney is concerned, because you know that it is the busi-

ness of the kidney to throw out chiefly azotized waste, and you will be careful to supply the organism with no more of such azotized matter than is needful for the maintenance of its integrity. We all supply to ourselves a good deal more than is necessary for the integrity of our organs ; and fortunately in health the margin of oscillation is so wide that we need not be over-scrupulous ; but, in a case of this kind, the whole future for evil or for good will depend upon whether we fully recognize that law of modification which the defect of the organism requires.

What, then, would be the general rule for such cases as I have described ? In the first place I should say to myself—"I must take care that I do not give to this patient more azotized food than is necessary for the maintenance of the integrity of the organism ; in the next place, I must take care that I get all the supplementary, complementary, excretory organs to do fully their appointed work, that they may, if possible, take some share of the defective work of the kidney upon their shoulders." Then I should take care also to give no agent in my dietary which would be calculated to check or seriously to check excretions ; I should furthermore take care in dealing with my patient, that, as he is very vulnerable and very liable to inflammations brought on by chills, or by wet, or by what people call over-exertion, to caution him about these points. And further, as these tissues are vulnerable from all sides, I should recommend him not to take violent exercise. Taking these principles, and applying them in detail, my advice in the case of a man who came before me, say forty-five years of age, would be something like this. I should ask him—"Now, you have a defect in your body, and you must take care not to make that defect greater, but do all you can to remedy it, and this is what you will do. When you get up in the morning sponge yourself with warm water and use a little soap ; do it quickly that you may not get a chill, have a good rubbing afterward, so as to make the skin act as well as it can act." Then I should tell him to clothe warmly, not over-warmly so as to weaken the skin, but sufficiently warmly to protect him from the vicissitudes of such a climate as this. Then I should say to him—"You will have three meals a day, and these meals must be something after this fashion, for as your chimney is choked, you must not put too many coals on the fire. You will take for your breakfast bread and butter—plenty of butter if you like it, and an egg, if not nervous a cup of tea, which has not stood too long, or if very nervous a cup of cocoa ; then you will dine in the middle of the day." If he were a very intellectual patient I should get him to take white

meat ; but if he were a stupid patient, and most patients are stupid, I should say—"Take a little meat, not more than half a pound by any means, with plenty of potatoes or other vegetables, and you may have some pudding." With regard to drink, I should give him as little alcohol as I found the intellectual strength or wisdom of the man would bear. If he were a very wise man I should say—"You will do best to take none ;" but if he were not a very wise man I should strengthen him in his foolishness by giving him a glass of claret and water. Then I should say—"You can have one more meal in the evening, about six or seven o'clock, and you will take for it just what you do for your breakfast—bread and butter, and perhaps an egg—or a tiny bit of fish or the wing of a chicken, with a cup of tea, or if sleepless or nervous a cup of cocoa." And I should allow him to take about a claret glass full of water on waking in the morning, and the same on going to bed at night. Now this seems to be a very reasonable diet, but I will confess to you that I have lost many a patient by prescribing it. When people have looked at that dietary, which sometimes I have written down, they have been amazed at it. I have in my mind's eye a great man who had sprung from the people and made himself wealthy by his own exertions, but who, not being a man of culture or intellectual tendencies generally, wanted to have his heart's desire in the reward of success. He looked at my dietary, and said to me : "Good heavens, sir ! is this the reward of success in life ? What is to become of me ?" Nevertheless, I think it a sufficiently liberal dietary for any organism which is at all crippled, and I am not prepared to say that it is not a sufficiently liberal dietary for any man who leads a sedentary life, and wishes to make the best of his brains and his strength.

I have detained you very long, and I will not detain you many minutes more. I will just say, in looking over these cases, which I think form a considerable percentage of ailing people—I do not know how many, because my experience is not large enough to say—I believe it is in our power to do an immense deal of good for them if we are firm in asserting what we know to be correct, and if we can gain the confidence of the patient so that he will follow what we suggest. I am sure that in our dealing with these cases many valuable lives might be preserved if we had the courage to face the accusation, of being, as I am, a starving doctor.—*Lancet*.

FREQUENT REPETITION OF DOSES. By A. A. SMITH, M.D., Bellevue Hospital.

GENTLEMEN : I propose to direct your attention

this morning to the subject referred to at my last lecture, namely, the frequent repetition of doses. This subject is a very important one, and one regarding which it is very difficult to establish any arbitrary rules. In the case of chronic diseases, where it is necessary to continue the treatment for a long time, the plan of administering the medicine in larger doses at intervals of five or six hours is probably the best one which can be adopted. For example, if you were prescribing some preparation of iron in a case of anæmia, it would be unnecessary to give it oftener than three times daily. Again, in certain cases it may be desirable to produce the full effect of the drug at a single dose, as in the administration of a cathartic, or of quinine to reduce temperature.

In other cases, however, it is desired, in administering medicinal remedies, to keep up their continued effect, and the question arises, whether we can accomplish this purpose better by giving them in smaller doses at frequent intervals than by giving them in large doses at much longer intervals, the total amount of the drug in the end being, perhaps, the same in either case. It is a fact with which you are acquainted that certain drugs become absorbed and produce their effect upon the system in a very short time, and they may also be eliminated very rapidly, while others act slowly and are eliminated after a longer interval.

The first drug to which I would call your attention, in connection with the subject of the lecture, is the chlorate of potash. It may not be unknown to most of you that this drug has at times been administered in sufficiently large doses to produce a dangerous inflammation of the kidneys. Special attention has been called to this fact by Dr. Jacobi, of this city, and also by other authors. This danger can be avoided by administering the drug in small doses frequently repeated. In writing the prescription, a teaspoonful of the solution may be made to represent as much of the drug as you wish to give ; or, if it be in a more concentrated form, the patient may add water to it. Grain doses given every half-hour in scarlet fever, diphtheria, tonsillitis, etc., will produce the same results as larger doses, without the danger of the evil effects resulting from the accumulation of the drug in the system, as sometimes happens when it is administered in the ordinary way. Indeed, I believe they will produce better results on the throat inflammations.

For the treatment of neuralgia, croton chloral has for a long time been given in large doses, as from five to eight grains, repeated every two hours, until fifteen grains are taken. But allow me to suggest what I consider a better mode of administering the drug—that

is, to give a grain of it, prepared as you please, either in liquid or pill form, every half hour until the neuralgic symptoms are relieved. A solution of which a teaspoonful represents a grain of the croton chloral may be made, having scarcely any of the bad taste which usually belongs to this medicine when given in large doses. I may here remark that one of the important advantages connected with the frequent repetition of doses is the fact that the medicine may be so largely diluted with water or other vehicle as to be rendered comparatively tasteless, and harmless to the mucous membrane of the stomach.

You will often be called upon to treat very obstinate cases of urticaria, and you will be put to your wits' end to know what to do. The plan ordinarily suggested is to give alkalies, as the bicarbonate of sodium, or magnesium; but, if you will give the patient two grains of the salicylate of sodium every hour or half-hour, you will usually be enabled to effect a cure even in obstinate cases, except those of a chronic nature. Two grains of the salicylate of sodium administered in a teaspoonful of water is almost tasteless, and may be given without producing disturbance of digestion. Urticaria is often caused by the administration of full doses of balsam of copaiba in cases of urethritis, or inflammation of other mucous membranes, and it may seem strange to you when I make the statement that a single drop of the same drug given every half-hour will sometimes control urticaria. I have no explanation to offer, but I make the statement not alone upon the authority of others; I myself have often observed the efficacy of the treatment, although not so frequently as in the treatment by the salicylate of sodium.

Fowler's solution, or the liquor potassii arsenitis, half a drop given every half-hour for six or eight doses, will often relieve the vomiting which occurs after a debauch. It will also relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy.

Jaborandi has been given in large doses with a view to exciting perspiration in cases of Bright's disease, but the very serious objection has been found to its administration in this manner, that it sometimes has a very depressing effect upon the heart's action, resulting in some cases fatally. Now, five to ten-minim doses of the fluid extract of jaborandi given every hour or half hour will produce marked perspiration without causing any unpleasant effects upon the heart. I sometimes combine with the jaborandi the tincture of digitalis, with a view to counteract any possible evil influence which the former drug may have upon the heart. So danger-

ous do I consider large doses of jaborandi that I often hesitate long before administering it, especially in the uræmia of the puerperal state.

The next preparation of which I shall speak is a solution of the sulphate of atropine, one hundredth of a grain in a goblet of water, a teaspoonful of which shall constitute a dose, amounting in all to about sixty doses. Now, you will often be called to see cases of supposed croup, but which, in the majority of instances, prove to be cases of false croup of a reflex origin. Ordinarily, you will be able to relieve these patients by giving them a teaspoonful of this preparation every hour. It is possible the remedy acts slightly as a stimulant of the respiratory centre; it is also possible that it has some influence upon muscular contraction or relaxation; at all events, clinical experience proves that it is of benefit in these cases. The dose may be repeated every hour or half-hour, according to the severity of the attack. If the child's face begins to flush and show signs of the physiological effects of the drug, the dose can be reduced in frequency. It should be remembered that when thus administered the equivalent of a full dose of the drug will soon be reached. Do not forget in these cases to give an emetic if there is anything in the stomach which may be causing the spasm, or a cathartic if there be reason to suspect intestinal disturbance as the cause.

The bromides are largely used in the treatment of the nervous and febrile disturbances of children, but an objection to them is the fact that the little patients do not take them readily, because of the taste; the bromide of sodium is, perhaps, as little disagreeable as any of the preparations. This objection can be avoided by giving small doses frequently repeated; for instance, a few grains dissolved in half a tumbler of water, a teaspoonful representing a half-grain, or a grain even, administered every ten or fifteen minutes. When given in this manner, the bromides often prove of great benefit in the nervous disturbances arising from dentition and other causes, and in relieving the fever which, in children, usually attends a slight degree of excitement of any kind. I have seen an elevation of the temperature in children where it could not be traced to any other cause than the excitement incident to their afternoon play. A temperature which might indicate a sickness of considerable gravity in the adult, if it occur in a child may be of comparatively little importance. In such cases the bromides, administered in small doses, say a grain or two at intervals of ten or fifteen minutes, will often prove of great benefit.

You will often meet with children of a nervous, excitable frame of mind, who are, perhaps, naturally

of a sensitive, nervous temperament, who are disturbed by the slightest noise, and are unable to go to sleep before ten or eleven o'clock at night. In such cases you will find it necessary to give a nervous sedative. An excellent effect will be produced by chamomilla in some one of its forms, as the tincture, administered in minim doses, every fifteen or twenty minutes. It is a tonic as well as a sedative. It is a better sedative in such cases than the hydrate of chloral, which is liable to affect the digestion. It is harmless when given in larger doses. Put a teaspoonful into a half-tumblerful of water, and let the child drink it freely.

One of the most important remedies which can be administered with great benefit in frequently repeated doses is ipecac. You are aware that a teaspoonful of the syrup of ipecac is likely to produce emesis; but it is always a fact, regarding which I was at first quite sceptical, that a single drop of the wine of ipecac will often arrest obstinate vomiting. It should be repeated every ten or fifteen minutes. When administered in this manner, I have often known it to relieve vomiting from different causes, among which are pregnancy and subacute gastritis. Children often vomit from very slight causes, and are liable to suffer from diarrhœa and vomiting which have no other assignable cause than disturbance of digestion. A single drop of the wine of ipecac, repeated every fifteen or twenty minutes, will often produce the most marked relief, both from the vomiting and from the diarrhœa. Administered in this manner, the drug is not nauseous, and is easily taken.

I now make a statement, upon the authority of Trousseau and his enthusiastic successor, which may appear to you, as it once did to me, incredible—viz., that one sixtieth of a grain of calomel taken every hour for ten or twelve hours will relieve the headache of syphilis occurring at night. I have administered it in one fortieth grain doses in this manner, and have obtained the results which they claim for it, but I have not yet tried it in sixtieth grain doses. The relief was very marked by the second or third night. It is not intended to take the place of iodides which are given in such cases. Doubtless the calomel, when administered in such small doses, is all taken up into the system.

Nursing children often vomit or regurgitate their food; this has been relieved repeatedly in my experience by giving them a teaspoonful of a solution of one grain of calomel to the pint of water every ten or fifteen minutes. In order to dissolve it, the calomel should first be put into an ounce of lime-water, and then into the pint of pure water. One

twenty-fourth of a grain of mercury with chalk, administered every fifteen or twenty minutes, is often of great benefit in the vomiting and non-inflammatory diarrhœa of children. Where the diarrhœa is accompanied by mucous passages, indicative of a certain degree of inflammatory action, or enteritis, benefit will be derived from the administration of one teaspoonful of a solution of bichloride of mercury (corrosive sublimate), one grain to the quart, every hour. The dose may seem very small, but it must be remembered that the dose for an adult is only one sixtieth to one thirtieth of a grain, and, when administered in this manner, the full dose for a child is reached within a few hours.

For the diarrhœa of children, accompanied with slight inflammation, straining, and the passage of jelly-looking matter, but not true dysentery, five drops of castor-oil, given every hour in water with sugar and gum, is an excellent remedy.

Another extraordinary statement, which at first seemed to me to be fabulous, and may seem so to you, but which, nevertheless, you will find to be based upon clinical facts: Put a grain of tartar emetic into one quart of water; teaspoonful doses of this solution every half-hour will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children.

It is well known that cantharides, when given in large doses, is liable to cause inflammation of the urinary tract; but it has been found that a single drop of the tincture every hour will in many cases relieve vesical catarrh.

You probably have heard that digitalis has been used in cardiac disease. Certainly if you have not heard of it you will, and, if you have already heard of it, you will hear of it again, particularly at the clinics. Ordinarily, it is administered in considerable doses only three or four times a day, but I do not hesitate to say that the frequent repetition of small doses will produce much more benefit than larger doses at longer intervals. A single drop of the tincture of digitalis, given to a patient suffering from symptoms due to organic heart disease when digitalis is indicated, administered at intervals of an hour or half hour, according to the severity of the symptoms, will often give greater relief than larger doses, and without liability to ill effects.

A gentleman of this city, of authority in the specialty of venereal diseases, says he has given greater relief in a short time, in cases of orchitis and epididymitis, by the administration of two minim doses of the tincture of pulsatilla every hour than by any other mode of treatment. I can testify to the great benefit derived from the drug administered in

this manner in dysmenorrhœa not of a membranous, obstructive or neuralgic character.

One of the most distressing symptoms from which many women suffer at the menopause is flatulence, and a sensation of fluttering or palpitation at the pit of the stomach, an effectual remedy against which is the extract of calabar bean in one fiftieth grain doses, repeated every half hour for six or eight doses. It may be repeated in the same way after stopping it for three hours.

In cases of amenorrhœa not dependent upon anæmia, benefit may be derived from minim doses of the fluid extract of ergot administered every half hour for five or six hours the day before the flow should begin, and again on the day on which it should occur. Contradictory as it may seem, when administered in the same manner the fluid extract of ergot is of benefit in cases of excessive menstruation.

Aconite is one of the drugs to which you will probably have occasion to resort frequently when you enter upon the active practice of medicine. It has for a long time been used in quite small doses, but not so frequently repeated as it might be with benefit. There are many cases of febrile movement, with dry, hot skin, a full, bounding pulse, the mucous membrane of the throat and nose probably dry—cases in which the febrile movement is not the commencement of one of the continued fevers; the tincture of aconite, one third to one half a minim, given every fifteen minutes, will be found of decided benefit. Visiting the patient shortly after the commencement of this treatment, you will often find him in a little perspiration; the medicine may then be administered at longer intervals, every half hour or longer, according to the indications. The tincture of aconite, administered in a similar manner, is also useful in cases of commencing so-called cold in the head. It is likewise useful in cardiac hypertrophy with palpitation, severe headache, and disturbances of the nervous system due to increased force of the heart beat.

Two minims of the tincture of hamamelis every half hour will often control hemorrhages. I was at first inclined to look upon this statement with a great deal of distrust, but I have since tried it in cases of hemorrhage from the nose, from the uterus, and in the hemorrhage from hemorrhoids, and have found it of great benefit.

The tincture of belladonna in minim doses, given every half hour, is a good remedy in cases of nasal catarrh and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered, as it is less quickly eliminated from the system than the other

medicines of which we have already spoken. In cases of pulmonary œdema with failure of heart power, belladonna thus administered is of benefit in retarding the exudation of serum, and in overcoming the failure of heart power.

Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubebs, given every half hour, oftentimes controls acute pharyngitis and superficial inflammations of the other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of the ammoniated tincture of guaiac, and administer every hour.

In the headache of migraine, one grain of the citrate of caffeine given every half hour will often produce most marked relief. In neuralgias about the face or head, three minim doses of the tincture of gelsemium every half hour will often act almost miraculously and leave no ill effects. A single drop of the tincture of nux vomica given every ten minutes will often produce most marked relief in sick headache not of a neurotic origin. It should be given immediately after or soon after meals. For certain kinds of headaches (especially those which are periodical and not of malarial origin), fifteen minim doses of fluid extract of guarana given every fifteen minutes will very frequently relieve. If it does not relieve in four doses, increase the dose to thirty minims.—*N. Y. Med. Journal.*

PROCEEDINGS OF SOCIETIES.

THE CODE OF ETHICS. MEDICAL ASSOCIATION OF THE STATE OF ALABAMA, April 10th. Dr. C. D. PARKE, President.

Dr. R. D. Webb, of Livingston, presented the following resolutions, which were referred to the Board of Censors, with instructions to report at the morning session of to-morrow.

Whereas, The Medical Association of Alabama views with the deepest concern and regret the action of the Medical Society of the State of New York, at Albany, in February last, in adhering to its former action in regard to the Code of Ethics; and, although this Association, at its meeting held in Mobile, in April, 1882, passed resolutions condemning the former action, yet feeling that this is a blow at the fundamental principle of all medical ethics, we deem it proper, upon the reaffirmation of this dangerous doctrine by the Medical Society of New York, that this Association again declares its views: therefore

Resolved, That, as an Association looking to the

advancement of medical science, we can but regard this action as unnecessary and unwise, and calculated to create schism in that noble body of men who have for so many centuries worked harmoniously together upon the basis of *unity of principle and community of thought*.

Resolved, That as an Association, acting through our delegates to the American Medical Association, at Cleveland, we will use every fraternal means to induce these erring brothers to return to their allegiance, to what we regard as the basis of medical ethics; and in the event of failure in this, we will use all honorable means to exclude them from a participation in the benefits and privileges arising from the medical compact, based upon this *oneness* in principle and thought, and springing, as it does, from a recognition of true scientific principles in medicine as opposed to special dogmas.

Resolved, That as the ethical relations of the profession, and the views, especially of the younger members, are greatly influenced by the tone of the medical press, we can but condemn the course of those journals which have espoused this "new code" idea, and we discourage subscriptions to such journals in this Association upon this ground, however worthy in other respects.

Resolved, That as the views and opinions of professors of colleges, whether on medicine proper, or medical ethics, are generally received as *ex cathedra* by students, and by them carried into the ranks of the profession, we can but view with distrust those medical colleges where this view of ethics is openly inculcated, and hence cannot consistently recommend such colleges to the medical students of this State.

The resolutions introduced by Dr. Webb on yesterday, were reported back by the Board of Censors, with the recommendation that they pass.

They were then passed by the Association without a dissenting vote.

[NOTE.—The State Medical Association of Pennsylvania recently passed kindred resolutions.—ED.]

ORIGINAL CORRESPONDENCE.

EDOM, VAN ZANDT Co., May 18, 1883.

E. S. GAILLARD, M.D.—*Dear Sir*: In the issue of your medical journal of the 28th ult., just now received, you publish (verbatim, I suppose) a letter from —, and ask, "What do 'the rural' doctors say of their advocate?" The letter speaks for it-

self more emphatically than any one else could do for it. The most appropriate reply, in my opinion, was made long, long years ago, by Scotia's immortal bard—

"Oh, wad some power the giftie gie us,
To see oursels as ithers see us;
It wad frae mony a blunder free us,
And foolish notion!"

I have practised medicine *in the country* for more than thirty years, having graduated in the University of Virginia in 1852. I think, therefore, I can claim to be a "rural doctor," and that I've not been an idle one. I have been, too, somewhat of a student, all the while. In the college I was taught the "science and minutiae" of that day. I should like to know, if since then I had not read, studied, the "science, and minutiae" too, of medicine, where I would have been now? Just where the man who uses the wooden plough is, who does so because his great grandfather used it. In the period of thirty years, I have tried many, very many journals, both home and foreign. I have felt the want, as your correspondent states, of something practical, as well as scientific. But in the name of common-sense, but for science, where would we get the practice? There are journals, plenty of them, that are too scientific—no, not that, but which take up too much space in the discussion of such subjects, and which it would take too much time to read in order to get the *essence*. They are for gentlemen of more leisure than has the general "rural doctor," the busy, every-day practitioner. You, sir, have appreciated this, and have for those who desire to keep up, who desire to learn, read and digest the long scientific articles, given us in your "Original Abstracts" the *essence*, the very thing to suit the wants of a busy, intelligent, *educated* (at least in English grammar) physician. For this, as one, sir, of the "rural doctors," I thank you. And I desire also, through you, to thank the *Medical and Surgical Reporter*, of Philadelphia, for the same thing. I have, for more than two consecutive years, been a subscriber and an occasional *practical* contributor to it, and I expect, so long as I continue to practise physic, to take and pay for GAILLARD'S MEDICAL JOURNAL. For me, advise — to subscribe for the *Medical Brief*; I think he will, for very obvious reasons, find it "*exactly suited to his mind*."

Yours respectfully,

A RURAL DOCTOR.

BLOODLESS OPERATION.—The following simple process for ingrowing toe-nail has been attended with permanent relief:

Cut a crescent or arc out of the front part of the

nail, leaving the corners projecting, and scrape with glass the central longitudinal line from the root to this curve, so that the nail shall be arched and yield in the middle. Place cotton under the offending corner or corners, and apply a compress or collodion to the exuberant flesh. In a few days the arched form of the nail disappears, and the edges do not offend the flesh; so that a radical cure is effected without pain or mutilation.

J. McF. GASTON, M.D.

CAMPINAS, S. PAULO, BRAZIL, April 11, 1883.

NEW YORK, May 18, 1883.

MY DEAR DOCTOR: The Faculty of the Polyclinic and the physicians who have attended the course of study at that institution have organized "The Medical and Surgical Society of the New York Polyclinic."

The objects of the Society are: (1) "To encourage the efforts being made in perfecting clinical teaching and in the advancement of the standard of medical education." (2) "To cultivate friendly, personal, and professional relations between the practitioners, who attend the Polyclinic, with each other and with the Faculty."

All physicians who hold a certificate of attendance at the Polyclinic are entitled to membership. At the time of organization the members numbered 150 exclusive of the Faculty. The officers for the first year are: President, Dr. R. F. Blount, of Indiana, Chairman of the Section on Diseases of Children of the American Medical Association; Vice-Presidents, Drs. C. C. Bursa, of Texas, J. W. McDowell, of Iowa, J. A. Wyeth, of New York; Permanent Secretary and Historian, Dr. E. A. Ayers, of New York.

MARY CITY, TENN., May 10, 1883.

MY DEAR DOCTOR: I have just read a paper in May 5th number of the journal from Dr. J. W. Cuddy, of Baltimore, upon the long-agitated and most vexatious question of the rights of a druggist over the physician's prescriptions. The laws of Tennessee, as well as other States, positively forbid the druggist to sell alcohol or alcoholic liquors *except* upon the physician's prescription. Now, if the druggist has the right to refill *one* prescription of the physician without his order, why not *all*? But no druggist would have the temerity to refill a prescription calling for alcohol or alcoholic liquors with the order of the prescriber. This is a phase of the question I have not seen mentioned, and would like to hear from others on the point.

Very truly,

E. C. MARKS.

REVIEWS.

VISION: ITS OPTICAL DEFECTS AND THE ADAPTATION OF SPECTACLES. Embracing, First, Physical Optics; Second, Physiological Optics; Third, Errors of Refraction and Defects of Accommodation, or Optical Defects of the Eye. By C. S. FENNER, M.D. With seventy-four illustrations on wood, and selections from the test types of Jaeger and Snellen. Second Edition, Revised and with Additions by the Author. 8vo, 309 pages. P. Blakiston, Son & Co. Cloth, \$3.50.—*Medical Register*.

The physician or student who desires to acquaint himself with this branch of medical knowledge will nowhere find a more "concise and comprehensive résumé" of the subject than is here furnished by the late Dr. Fenner, of Louisville, Ky. Beginning with the general principles and facts of Physical Optics, he reviews that matter in a terse yet attractive way admirably calculated to refresh the memory of any one who has let the subject escape him; yet sufficiently systematic to serve as a good introduction for the beginner. The data thus obtained are then carried forward into the domain of Physiology, with an equally successful condensation of the known facts. Helmholtz and Donders being naturally his principal authorities, he often makes use of well-selected quotations from them, to express in concise yet authoritative way the conclusions which they deduce from long trains of argument. Turning then to the defects of the eye, he takes up first those depending upon advancing years, and treats at length of Presbyopia and its treatment. Hypermetropia and myopia, with their concomitants, are handled in like manner; well, though, of course, not exhaustively. Astigmatism is then taken up and elucidated as well as in most treatises of the kind; the phenomena, nature, causes and treatment being in turn set forth. Defects of Accommodation, other than presbyopia, are then treated, and the book closes with an Appendix on the adaptation of spectacles, intended for the optician or the lay reader, and supplemented by a good set of test types. The correction of some errors in the first edition, the recasting of sentences here and there throughout, and additions, notably the section on the defects of accommodation, mark the advance made in the revised edition. It were hardly fair to point to omissions in a work of this scope; in view of the wide field traversed, they are very few; and there are only occasional views to which exception could be taken. The latter have generally the warrant of high author-

ity, and in these days, when it is still deemed high treason to dissent in the least from the views expressed in Donders's famous treatise, it may be dangerous to criticise. It is hardly noteworthy, therefore, that the author opposes the correction by glasses of the "total hypermetropia;" since he is in accord with the large body of ophthalmologists who correct only the "manifest" refraction, accepting, as to the practicability of total correction, Donders's negative statement in the face of any amount of positive evidence. So, too, in the matter of unequal or opposite refraction of the two eyes he cites the decision of Donders against the accurate correction of each eye, in all cases where the difference is greater than $\frac{1}{8}$. If one eye be emmetropic, the ametropic eye is to be neglected; and where both are ametropic, differing only in degree, he would correct the less ametropic eye and give the same glass for the other. To one who has seen the contrary practice carried out almost invariably and with the happiest results, even where the difference has been great and the eyes of the opposite condition of refraction, such advice seems greatly in error; and such a proceeding would seem justified only when the effort to accurately neutralize the error of each eye had failed after patient trial. As to the amblyopia found in cases of squint, his language would convey the idea that use will "restore" the sensibility blunted by psychical exclusion, a point true within such narrow limits only, that the contrary would be more accurate as a general statement. In treating of the causation and prevalence of myopia, the mass of information obtained by the numerous elaborate investigations of the refraction in schools throughout the civilized world is almost ignored, yet the group of such studies cited is especially pertinent to American readers, and may pass as in some respects representative. No mention is made of any mydriatic alkaloid but atropine; the newer competitors for favor receiving no notice—a point explained by the circumstances of the revision, yet unfortunate in an edition of such recent date. As a myotic, physostigma alone is cited, and no mention is made of its better known name of eserine. So, too, the older ophthalmoscope of Loring is described, although superseded completely by his later instrument. Such points are few, however, for a work aiming to be comprehensive, though not exhaustive; and the favorable view of its fitness to fill the place for which it has been designed is confirmed by further examination. As a sample of book-making it is equal to the previous edition, except in some points where the publishers have excelled their former work.

B. A. R.

FUNCTIONS AND DISORDERS OF THE REPRODUCTIVE ORGANS in Childhood, Youth, Adult Age, and Advanced Life, considered in their Physiological, Social, and Moral Relations. By WILLIAM ACTON, M.R.C.S., Late Surgeon to the Islington Dispensary, and formerly Externe to the Venereal Hospitals, Paris; Fellow of the Royal Medical and Chirurgical Society, etc., etc. Sixth Edition. Philadelphia: P. Blakiston, Son & Co.

This work may still be regarded as the best of its class in the medical library. If there is any physician who has not use for it, he is so far not known, and ought never to be known; for it would be only to his discredit. The work is unique; it has no analogue, no equal; it is highly interesting, instructive, and entertaining. A reviewer, consulting the best interests of the readers, cannot be too definite and decided in language and opinion; and, recognizing this fact, there is no hesitation in advising every one who has not this book to buy it at once, and to study it again and again.

MANUAL OF GYNÆCOLOGY. By D. BERRY HART, M.D., F.R.C.P.E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh; Late Assistant to the Professor of Midwifery, University of Edinburgh; Late President of the Royal Medical Society, etc.; and A. H. BARBOUR, M.A., B.Sc., M.B., Assistant to the Professor of Midwifery, University of Edinburgh; Late President of the Royal Medical Society. Vols. I. and II. With one lithograph and two hundred and ten woodcuts. New York: Wm. Wood & Co.

These two volumes constitute the January and February numbers of the library of Wm. Wood & Co. for 1883. They cannot be said to be original works, though they are more than compilations. But, whatever may be the status assigned to them in this relation, no one can deny that they form very valuable elements in this library, and that the publishers have given in them all that was promised. The illustrations are profuse and good.

MISCELLANEOUS.

ON THE THERAPEUTIC VALUE OF SULPHUROUS ACID IN SCARLATINA MALIGNA.—Dr. Keith Norman Macdonald, after denying the prevalent opinion, that no reliance can be placed on any drug in cases of scarlatina, does not hesitate in affirming that, when

properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy we possess. He continues: "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that, of all remedial measures in this disease it is, in my opinion, the most reliable. My treatment is as follows. The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid, in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in the sick chamber half a dozen times a day, by placing flour of sulphur upon a red-hot cinder, and diffusing the sulphurous acid vapor through the room, until the atmosphere begins to become unpleasant to breathe.

"In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark shades which collect upon the teeth and lips should be frequently laved with a solution of the liquor potass permanganatis of the strength of about one drachm to six ounces of water, some of which should be swallowed if possible.

"In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally, with a camel's-hair brush several times in the day; but, as in the majority of cases among children, it is next to impossible to use a local application more than once, the spray and permanganate solution will then prove of great service.

"As to other remedies recommended by various authors, ammonia is nasty, and cannot be taken well by children; carbolic acid has the same fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet-sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use."—*British Medical Journal*.

SIR WILLIAM GULL ON TONIC MEDICINE IN GENERAL PRACTICE.—In the course of an address delivered on January 17th, before the Metropolitan Counties

Branch of the British Medical Association, on the subject of the Collective Investigation of Disease, Sir W. Gull observed: "It will be admitted that, had we leisure, proper means at our disposal, and from previous training a fitness for exact observation, we should find in general practice one of the most valuable fields of pathology, as here and here only we have before us the earliest signs of departure from health, and the only opportunities for tracing the course of a disease from its beginning to its end. Having passed many years in hospital and private practice, I have come to see that experience gained in the latter is necessary for the correction of that acquired in the former, especially as helping toward a truer pathology. It will perhaps, and naturally, be objected, that it is almost impossible to organize for any useful purpose the labors of men already overburdened by the cares and fatigue of practice, and that there is neither time nor fitness for delicate inquiries on their part. Admitting that this objection is valid, it may be urged in reply, that it need not be insuperable. It cannot be denied that when we see the meaning of the apparent trifles which in practice would otherwise oppress and worry us, our burden is thereby much lightened, and that nothing could encourage us more than to feel that even one daily observation recorded was adding to our general store of knowledge, and making the path of practice more easy. There is no tonic to the mind greater than the sense of work done; and our journey is likely to be made shorter, as it certainly will be easier, if the way is illuminated. We, indeed, owe it to those members of our profession who are admittedly overwhelmed by the apparently senseless details of their work, to promote a movement like collective investigation, the object of which is to bring order into chaos, and to help them to stamp a scientific value upon facts hitherto only burdensome. If we compare the unflagging interest of any pursuit where the aim is high and clear with the tediousness and wearisomeness felt when working in the dark, we shall readily admit that we are actually lightening the burdens of practice by thus adding to them, and by giving some portion of them a sense and meaning. It is the spirit of a man which enables him to do his work lightly and cheerfully, and he will certainly be helped in this by a combination with fellow-workers on the same subject."—*Ibid*.

DIPHTHERIA.—The facts relating to the deaths by diphtheria and scarlet fever that have occurred in the house No. 4 Montague-terrace, Brooklyn, built by the late James S. Rockwell, formerly a heavy leather factor in this city, will be likely to excite to new life the just

expiring discussion as to what extent sewer emanations are concerned in the origin and spread of those diseases. In the erection of the building Mr. Rockwell spared no expense to render it perfect in every detail of modern sanitary engineering ; but as appears from subsequent occurrences, altogether in vain. The family had scarcely moved into their new residence when, in December, 1878, Mr. Rockwell's little granddaughter died of scarlet fever and his grandson barely escaped with life. A couple of months later, the old gentleman himself died of diphtheria in its most malignant form. An investigation showed that the traps in the wash-basin and bath-room connected with his sleeping apartments had been disarranged by the pressure of the gas, and that the atmosphere he breathed at night was loaded with infectious matter. It was discovered also that the house was so situated as to form a sort of ventilating shaft for the Furman-street sewerage system, standing upon high ground, so that its pipes constituted the apex of the whole network of conduits with which they communicated. The result was that, with the best work in the world, it would have been next to impossible to prevent percolation into the building of the noxious gases of decay. Mrs. Rockwell, the widow, was buried on Saturday, February 24th, a sudden attack of pneumonia, the way for which was prepared by the malarious atmosphere, having terminated her life. As the facts connected with the death of the granddaughter, the illness of the grandson, and the subsequent demise of Mr. Rockwell are such as to point to infection from the sewage pipes as the cause of the trouble, and as, in some particulars, the case is as typical of sewer-gas poisoning as that described by Dr. Keating, of Philadelphia, recently adverted to, it is not surprising that medical men have already evinced an interest in its details. It seems clear that there was a relation of cause and effect between the disarrangement of the traps and consequent infection of the house with sewer-gas, and the attacks of scarlet fever and diphtheria that so immediately followed. In point of fact, Mr. Rockwell had erected a handsome ventilator for the Furman-street sewer, while intending to produce the most perfect piece of sanitary construction in Brooklyn ; and through this mistake the beautiful home he had founded was broken up, and three lives were sacrificed to the fetich of that mysterious germ which none but M. Pasteur and Mr. Tyndall have ever yet discovered.(?) The facts of the case should be carefully investigated, and if, as a prominent engineer remarked the other day, tales could be told of the plumbing of our houses of which none yet dream, a new crusade of sanitary science should be set on foot

at once. An eminent physician has defined a basin in one's room as a small sewer ventilator located under one's nose, and experience seems to show the justice of the definition.

THE USE OF THE MULLEIN PLANT IN THE TREATMENT OF PULMONARY CONSUMPTION.—F. J. B. Quinlan, M.D., M.R.I.A., F.K.Q.C.P., Physician to St. Vincent's Hospital, Dublin, observes that, "from time immemorial, the *Verbascum Thapsus*, or Great Mullein has been a trusted popular remedy in Ireland, for the treatment of phthisis." After relating seven cases where it proved of benefit, he concludes: "I have set down the above cases simply in the order in which they occurred, and with no view of supporting any preconceived idea. These cases, although too few to justify any general conclusion, appear to establish some useful facts. The mullein plant boiled in milk is liked by the patients ; in watery infusion it is disagreeable, and the succus is still more so. The hot milk decoction causes a comfortable (what our Gallic neighbors call *pectorale*) sensation, and when once patients take it they experience a physiological want, and when the supply was once or twice interrupted, complained much in consequence. That it eases phthisical cough, there can be no doubt ; in fact, some of the patients scarcely took their cough mixtures at all—an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked, and experiment proved that this was not merely due to the well-known astringent properties of boiled milk. It also gave great relief to the dyspnoea. For phthisical night-sweats it is utterly useless ; but these can be completely checked by the hypodermic use of from the one eightieth to one fiftieth of a grain of the atropia sulphate ; the smaller dose, if it will answer, being preferable, as the larger causes dryness of the pharynx, and interferes with ocular accommodation. In advanced cases, it does not prevent loss of weight, nor am I aware of anything that will, except koumiss. Dr. Carrick, in his interesting work on the koumiss treatment of Southern Russia (page 213) says : 'I have seen a consumptive invalid gain largely in weight, while the disease was making rapid progress in her lungs, and the evening temperature rarely fell below 101° Fahr. Until then, I considered that an increase of weight in phthisis pulmonalis was the proof of the arrest of the malady.' If koumiss possessed this power, mullein clearly does not ; but unfortunately, as real koumiss can be made from the milk of the mare only, and as it does not bear travelling, the consumptive invalid must go at least to Samara or Southern

Russia. In pretubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power; and I have observed this in several private cases also. Having no weighings of these latter, however, makes this statement merely an expression of opinion. In early cases, the mullein milk appears to act very much in the same manner as cod-liver oil; and when we consider that it is at once cheap and palatable, it is certainly worth a trial. I will continue the research by careful weighings of early cases, and will further endeavor to ascertain whether the addition of mullein to the cultivating solution prevents the propagation of the phthisical bacillus."—*British Medical Journal*.

CAPILLARY PUNCTURE OF THE STOMACH FOR THE INJECTION OF LIQUIDS.—Dr. Iginio Tansini, of Lodi (*Gazz. degli Ospitali*, Aug. 16th) proposes this operation as likely to be often of great service, especially where passing the œsophageal tube is impossible or unadvisable, and where antidotes have to be promptly introduced into the stomach. Gastrotomy is always a serious operation, while puncture by a capillary trocar he has proved by experiments on animals to be harmless. From his studies on the dead body he believes that it is practicable, even with the stomach empty and retracted. Labbé says that the anterior surface of the empty stomach is directly accessible in triangular space, whose space is below and corresponds to the great curvature (or to the transverse line which joins the cartilages of the ninth ribs), and whose margins are—to the right, the left lobe of the liver; and to the left, the margin of the false ribs. Tansini introduces the trocar about $6\frac{1}{2}$ centimetres from the xiphoid apophysis on the left, near the costal margin, the trocar being directed slightly toward the diaphragm. For greater security, when the stomach is pushed against the diaphragm, he introduced the trocar in the eighth left intercostal space, close to the sternum. He owns that the introduction of a trocar through the abdominal and intercostal parietes into an empty stomach is uncertain; the risk is run of either not penetrating the stomach at all, or of penetrating too deeply. He therefore recommends an incision to be made 3 centimetres along the left costal margin, the centre of the incision to be about $6\frac{1}{2}$ centimetres from the xiphoid apophysis. Thus the anterior surface of the stomach may be exposed and seen to be uncovered by the left lobe of the liver and colon, and if this last be in the way it may be pushed down and the trocar then introduced.—*London Medical Record*.

A PURE ALKALOID FROM THE GELSEMINUM SEMPERVIRENS.—Gelseminum has always been a rather

disappointing remedy; highly successful in one case, it yet fails completely to give any relief in another and apparently similar case; hence it has come to be very generally regarded as untrustworthy. Some of this uncertainty may probably depend on variations in the purity or mode of preparation of the tincture or extract. Wormley and, subsequently, Sonnenschein had obtained from the root an alkaloidal substance named gelsemine, but this body was apparently not pure, and did not yield crystalline salts. In a paper read before the Pharmaceutical Society on February 7th, Mr. A. W. Gerrard described a process by which he has obtained a pure crystallizable gelsemine, which yields crystalline salts. It is colorless, and gives no color-reactions with nitric or sulphuric acid, so that in its chemical behavior it bears a pretty close resemblance to strychnine; its formula is $C_{12}H_{14}NO_2$. There seems to be little doubt that this is a stable, constant body; and as Mr. Gerrard details the various steps of the process by which it may be obtained, with fulness and precision, there is no reason why the alkaloid should not become an article of commerce, and gradually displace the imperfect and inconstant preparations at present in use in pharmacy.

VACCINATION.—Dr. Buchanan, the Medical Officer of the Local Government Board, in summing up the facts and figures relating to vaccination in the metropolis in 1881, notes that they show a saving, by vaccination, of no fewer than twelve thousand lives of children under ten years of age. It is not (he adds) to be disputed that this saving is in great measure due to the operation of the Vaccination Acts of 1867 and 1871. A like operation of these Acts, Dr. Buchanan observes, is manifested in the change of the age of the people who die from small-pox in London; the total mortality from this cause among children under five having fallen from 54 per cent in the ten years immediately preceding 1871 to 28 per cent now.—*Lancet*.

RAPIDITY OF CEREBRAL ACTS.—M. Albert René has, according to the *Revue Scientifique*, made a long series of experiments in the physiological laboratory of the Faculty of Medicine at Nancy, on the rapidity of transmission of impulses through nerves, and the rapidity with which cerebral acts are performed. He finds that the intensity of the stimulus has a direct influence on the rapidity of nervous transmission. The stronger the stimulus the more rapid the transmission. The rate of transmission cannot therefore be stated in exact terms, since it is relative, as has been not unfrequently noted for other kinds of cellular activity. He has also con-

firmed the fact, now very generally admitted, that it is impossible to measure the rapidity of transmission in sensory nerves by stimulating different points of their length, for the rapidity of the response is not proportionate to the length of the nerve traversed. Thus the response to a stimulus applied to the finger is often made with a shorter interval of time than a stimulus applied to the elbow or to the shoulder, though the length of nerve called into play is much greater in one case than in the other. In a word, it is impossible to compare the results obtained from different regions. The most exact method of measuring nervous transmission appears to be that of response to an auditory stimulus. The rapidity with which nervous impulses are here conducted he estimates at 28 metres per second, which is a little lower than the number obtained by other physiologists. For the rapidity of transmission of motor impulses M. René gives twenty metres per second, which is below that of experimenters, and notably below that of M. Chauveau. The duration of a cerebral act he estimates at $\frac{3.5}{1000}$ sec. In young infants the duration is more considerable, amounting to 0.090 sec. The duration of a reflex act—that is to say, the time occupied by the entire reflex arc, sensation, transmission to the cord, including motor impulse, and muscular movement—is 0.15 sec.

RIGHT-HANDEDNESS.—Mr. Charles Reade wrote one or two letters some time ago to a morning paper condemning the practice of nurses and mothers who discourage children from using the left hand, and thus render it comparatively unserviceable. Nature, he maintained, has made no distinction between the right and left extremities of the body; and but for the existence of a foolish prejudice in favor of the right hand, both limbs might be rendered equally useful. Dr. Gaëtan Delaunay has just communicated an interesting paper to the French Anthropological Society, in which he seeks to establish that right-handedness is not an acquired habit, but is a natural attribute characteristic of the superior races. Savage tribes, he states, and communities in an inferior state of civilization show a much larger proportion of left-handedness than highly civilized peoples do. The Annamites, for instance, are noted as a left-handed people; and negroes, according to Harting, are equally developed on both sides of the body, the right and left extremities possessing exactly the same power and weight. Idiots and epileptics, again, offer a very large percentage of left-handed individuals; and there are more left-handed women than men. Infants, Dr. Delaunay says, are left-handed at first (Mr. Reade adduced this fact in support of his

theory); as they grow older they become both-handed, and eventually right-handed. In old age, however, there is a marked tendency to both-handedness again. His general conclusion is that in the evolution of the species there has been a steady tendency to the development of the right side of the body at the expense of the other, and that the examples of left-handedness still to be met with in the superior races are mere “survivals.”—*St. James' Gazette*.

• **STATE MEDICAL SOCIETY OF ARKANSAS.**—Little Rock, April 20th, 1883. The Eighth Annual Session will be held in Little Rock, on Wednesday, May 30th, and Thursday, May 31st, 1883, commencing on Wednesday at 10 A.M.

TREATMENT OF ECZEMA OF THE GENITALIA, PRURITUS AND LEUCORRHOEA.—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful:

℞ Chlorate of potassium.....30 grains,
Wine of opium.....50 grains,
Pure water.....1 quart.

Applied to the parts by linen compresses covered with oil silk. If there is much inflammation, precede this with warm hip baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritus, associated with leucorrhœa, a table-spoonful of mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar water (tar water holding the iodine in solution) used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fetid leucorrhœa two or three table-spoonfuls (in a quart of warm water morning and evening, as an injection) of the following formula will be found useful:

℞ Chlorate of potassium.....13 grams,
Wine of opium.....10 grams,
Tar water.....300 grams.

Or,

℞ White vinegar (or wine).....300 grams,
Tinct. eucalyptus.....45 grams,
Acid salicylic,.....1 gram,
Salicylate of soda,.....20 grams.

One to five teaspoonfuls in a quart of warm water as an injection two or three times a day.—*Obstetric Gazette*.

SPONGE-GRAFTING.—Dr. W. H. Thorndike and Dr. C. D. Homans, of the Boston City Hospital (*Medical Record*, October 7th, 1882), reports four

cases of this treatment in different classes of wounds, the only four in which it has been tried at that institution ; but the results have not been so remarkably satisfactory as some of those reported in the English journals. They conclude, however, that the treatment is useful in a certain limited class of cases, such as deep, circumscribed ulcers of the leg, which are often followed by adherent cicatrices which readily break down. In these cases the sponge forms a trellis-work through which the granulation springs up from the bottom of the wound, thus preventing the contraction from the edges. The sponges used in grafting should be perfectly clean and thoroughly carbolyzed. They should then be soaked in dilute acid until they become quite friable, in order that they may be absorbed more rapidly.—*N. Y. Medical Journal*.

IODIDE OF POTASSIUM IN FRONTAL HEADACHE.—Dr. Haley, in *Australian Medical Journal*, claims that minimum doses of iodide of potassium is of great service in frontal headache. A two-grain dose dissolved in half a wineglass of water will often cure a dull headache which is situated over the eyebrow. The action of the drug is quite rapid.—*Med. Summary*.

A RECENT decision holds that if a surgeon recovers his fee in a suit for the value of his services, no subsequent suit can be brought for malpractice, this being settled by the results of suit for services.—*Detroit Lancet*.

OBITUARY.

DR. JOHN DICKSON BRUNS, one of the most eminent of the physicians of New Orleans, died at 7 o'clock, May 20th, of congestion of the brain. He was the second son of Henry M. Bruns, LL.D., Professor of Ancient and Modern Languages in Charleston College, and was born in Charleston, S.C., in 1836. He was educated at the High School in Charleston, and at Charleston College, where he was graduated with first honors in 1854. He took his degree of M. D. at the South Carolina Medical College in 1857, receiving a special prize for his thesis on "Life and its Relations, Animal and Mental." He first began practice in his native city, and at the outbreak of the late war entered the Confederate service as surgeon, where he remained until the close of the war. He then went to Europe to complete his medical studies, and on his return to this country, in 1866, was called to fill the chair of physiology in

the New Orleans Medical School. In company with Drs. Brickell, Chapin, and Beard he organized the famous Orleans Infirmary. Of this eminent group Dr. Beard is the only survivor. Dr. Bruns made a specialty of diseases of the chest and throat. He was a member of the medical societies of South Carolina and New Orleans, and was one of the first Vice-Presidents of the Southern Historical Society. He was editor and proprietor of the *Charleston Medical Journal and Review* from January, 1858, to January, 1861, and during the same period was Professor of Physiology in the Charleston Preparatory Medical School. He was a prominent contributor to the medical literature of the South. He served as Adjunct Professor of Practice in the South Carolina Medical College in 1866, as Professor of Physiology and Pathology in the New Orleans School of Medicine from 1866 to 1870, and as Professor of Practice and Theory of Medicine in the Charity Hospital Medical College, New Orleans, since 1874. He was married in 1858 to a daughter of Prof. Samuel Henry Dickson. He was married a second time, in 1870, to a daughter of L. Peirce of New Orleans.

DIED May 2d, 1883, the wife of Dr. Thos. D. Hall, of Coosade Station, Elmore Co., Ala. Dr. Hall has the warmest sympathies of the profession in this, his sad bereavement.

MEDICAL NEWS.

THE *Boston Journal of Chemistry* has lately changed its name to *Popular Science News*.

A VOLUME, entitled "The Hill of the Stones, and other Poems," from the pen of Dr. S. Weir Mitchell, has recently been published.

ON the reassembling of the French Chambers, the Government intends submitting a bill to raise Dr. Pasteur's yearly pension from 12,000 to 25,000 francs.

THE number of students in the medical faculty of the University of Vienna, during the session recently ended, was 1750, against 1412 in the corresponding period of last year.

DR. CLEMENT A. WALKER, for thirty years superintendent of the lunatic asylum at South Boston, died on Friday, April 27th, at the age of sixty-three.

NEW MEDICAL COLLEGE IN MEXICO.—The Mexican Government opened, in January, a free medical

college in Guanajuata, the capital of the State of that name. The course will comprise six years.

At a recent meeting of the Anthropological Society of Paris, the president announced that the late M. Bertillon had left a legacy for the purpose of establishing a biennial prize of 500 francs (£20) for an essay on demography.

THE Munich Medical Society has presented a petition to the Bavarian Government, asking that the course of medical studies be prolonged from four years to five. The petition is widely signed, and appears to be favorably received.

GENERAL VIELE'S report on the condition of the ponds in Central Park shows that some of the ponds are practically open cesspools—sources of contamination to the air and injury to the health of the whole neighborhood—and indicates how they may be purified and remain attractive features in the landscape.

JEFFERSON MEDICAL COLLEGE.—Dr. Roberts Bartholow, Professor of Therapeutics and Materia Medica, has been elected Dean of the Faculty, in the place of Dr. Eilerslie Wallace, who has resigned on account of ill health.

Dr. E. R. SHOWALTER, of Mobile, Ala., has presented to the University of Alabama his valuable collection of fossils and marine and fresh-water shells, embracing more than 100,000 specimens, together with a fine library of scientific works. It is said to take rank among the best collections in the United States.

THE New York Polyclinic has had one hundred and twelve physicians studying in the various classes since November 7th last, and two thousand five hundred patients have been treated in the Polyclinic building within this period.

SEVENTEEN medical men have been chosen members of the Italian Parliament at the last general election. Among them are Drs. Bacelli, Panizza, Semmola, Sperino, and Tommasi-Crudeli.

LEPROSY IN NEW YORK.—At the last meeting of the New York County Medical Society Dr. Piffard stated that there were now in the wards of the Charity Hospital, on Blackwell's Island, no less than four cases of genuine leprosy.

At a large anti-vivisection meeting recently held at Manchester, England, three resolutions successively proposed by the originators of the movement

were voted down, owing to the effect of a temperate speech on the aims of physiologists by Professor Gamgee, who was present.

THE Board of Health of the city of Pensacola has entered into an agreement with the U. S. Marine-Hospital Service by which its street-cleaning, garbage removal, drainage, and sanitary inspections will be conducted under its own direction, while the payment therefor will be made by the United States Treasury Department.

THE manufacture of drugs and chemicals in the United States involves a capital of \$28,598,458. Products to the value of twenty-eight millions are annually made.

IN 1879 the number of lunatic asylums in Spain was 26, with a population of 3790, which gives a ratio of one to 2250 of the whole population. About eight per cent are discharged cured every year.

MILK SCARLATINA AT WOLBOROUGH.—Another instance of the dissemination of disease by the agency of milk is recorded at Wolborough, England. In endeavoring to trace the spread of an outbreak of scarlet fever, the health-officer discovered that out of sixteen families attacked, nine had their milk from the same dairy. There was good reason for believing that cases of scarlet fever had occurred in the dairyman's family in the preceding month.

IN the Canadian Dominion and Provincial Houses at present in session there are sixty members of the medical profession, a representation of about 2 per cent. Half of these are in the Dominion Parliament, seven in the Senate, and twenty-three in the House of Commons. Nearly all represent constituencies of the maritime provinces. Eight possess English, twelve American, and the remainder Canadian qualifications.

THE NEW N. Y. CODE.—The Bellevue Hospital Medical College appreciates the spirit which is abroad, and does not intend that the sentiments of its faculty, in reference to this subject, shall be misunderstood; it therefore states, at the head of its announcement for the ensuing year, that "The standard of medical ethics recognized by this College is embodied in the Code of Ethics of the American Medical Association."

THE WEST VIRGINIA MEDICAL SOCIETY.—The State Medical Society of West Virginia planted itself firmly on the old code of the American Medical Association. Dr. D. Porter Morgan, of Clarksburg,

offered preambles and resolutions, fixing the adhesion and reaffirmation of its allegiance to the National Code of Medical Ethics, and the delegates from the State Medical Society to the forthcoming meeting of the association were instructed by their votes and influence to act accordingly.

THE French Academy of Medicine was founded in the year 1820, by a decree of Louis XVIII., and one of its duties was to reply to questions of the Government on all subjects affecting the public health, and particularly in respect to new and secret remedies, and natural and artificial mineral waters. Originally, the Academy was divided into three sections, medicine, surgery and pharmacy, and the first nine nominations to the pharmacy section were Boullay, Deyoux, Fabre, Henri, Lavgier, Pelletier, Planche, Robiquet and Vauquelin. Among the earlier elections by the Academy itself were Boudet, Derome, Caventou, Guibourt, Labarraque, Bussy, Chevallier, Derosne, Fremy and Serullas. Since the year 1829 the Academy of Medicine has been divided into sections, of which that devoted to pharmacy is the eleventh, but pharmacists frequently figure in other sections.

FEMALE PHYSICIANS.—The success which has attended the subscription now being raised in Bombay to secure the services of female physicians among the native population is a step in the right direction, whose importance can hardly be overrated. Miss H. Johnson, the Directress of the Medical Mission at Agra, one of the largest cities of northern India, gives a deplorable picture of the ravages of sickness and debility among the native women, whom no male physician is allowed to approach, and who, living in ill-kept rooms, and often sitting, or even sleeping, on the bare floor, are at the mercy of every epidemic. Even when European medicines and prescriptions are within reach, they are often rendered useless by the opposition of jealous and superstitious relatives. There can be no doubt that the establishment in every great Hindu city of a native hospital, officered by competent female doctors, would save thousands of lives every year, and the sooner it is done the better both for India.

EDITORIALS.

THE NEW YORK ACADEMY OF MEDICINE.—The medical press has been so violent and vituperative in its language relative to the last meeting held, so incorrect in its assumptions, so insufficiently informed

as to facts, and so antagonistic in its views as to the last proceedings, that a few words in regard to this much-worn topic may yet be in order.

The By-Laws of the Academy provide that no one can become a member who does not give his adherence to the code of ethics of the American Medical Association. When Dr. Austin Flint, Jr., moved in this matter, there was, therefore, no injustice attempted or designed; no animus, nothing illegal or unjust. It was simply a motion to induce the Academy to observe and respect its organic law; and so far from any one being justified in complaining of his action, it is simply a marvel that such action was made necessary.

As to his action being intemperate or partisan in character, or unjust or unsupported by the wish and co-operation of very many of the most mature and distinguished members of the Academy, it is safe to pass these subjects by, and to assume that the good sense of the profession will teach it to rest satisfied that it is unnecessary to bring forward any labored evidence in this connection. Yet to guard against any possibility of doubt or dissatisfaction in regard to these matters, it is proper to insert here the following significant and weighty testimony:

“We, the undersigned, ex-presidents of the New York Academy of Medicine, desire to record our approval of the action taken by the Academy at the stated meeting of April 19th, 1883, reâffirming the ethical clause of its by-laws, and our indorsement of the course pursued, by request of the council of the central organization of the New York State Medical Association, as presented at this meeting by Dr. Austin Flint, Jr. (Signed) Willard Parker, M.D., President N. Y. Acad. Med., 1856; James Anderson, M.D., President N. Y. Acad. Med., 1861 to 1867; Austin Flint, M.D., President N. Y. Acad. Med., 1873 to 1875; Samuel S. Purple, M.D. President N. Y. Acad. Med., 1875 to 1879.”

To denounce Dr. Flint, Jr., as many of the journals have done, is not only unjust, but wrong in the extreme; the act has been due simply to ignorance of the facts.

While the advocates of the new code have no right to complain of the forcing of an adverse vote when the representatives of both sides were not fully in force (the advocates of the new code having resorted to the same methods at Albany), still, in the interests of peace and harmony, it is to be regretted that the usual notice of “important business” (its character being stated in the notice) was not sent to every member of the Academy. There could then have been no complaints, no discord, no unseemly debate, and the result must still have been as it is

now, for it would be absurd to claim that the members of any respectable Body would refuse to obey its own by-laws.

The parliamentary device of "moving to reconsider" and then "moving to indefinitely postpone reconsideration," thus preventing any future action, was inconsiderate and unwise. It manifested too much of "the gag-law" method to escape harsh criticism. Apart from this, however, it can be and may be nugatory in action. The Academy is, of course, competent to revise its by-laws, by the methods usual in all parliamentary bodies, and if this be done, the present by-law, so vigorously and recently sustained, may be expunged.

While this journal has sustained "the old code," and has opposed the action of all who would abolish it or refuse to recognize it, still it cannot but deplore the rupture which has occurred in the Academy of Medicine, and counsel a strict observance of consideration and moderation by all.

The action of any State, County, or local medical society, in repudiating, or in even refusing to recognize, the code of the American Medical Association, or in creating a new code, or in modifying, in the least, the old code, is and must be regarded as professional heresy. The advocates and representatives of all such disloyal and revolutionary action must be courteously, but firmly and vigorously repudiated; and they must be made to believe, that nothing less than a full and public and official adherence to the code of the American Medical Association can reinstate them to official recognition and affiliation. There is only one Body in this country which must be allowed to change "the old code" in the least, and that Body is the American Medical Association.

Unless this principle and this rule are faithfully observed, it is evident, even to those who cannot see well, that there may be a different code of ethics in every State, and even in every medical society; a reign of chaos and absurdity.

HOMŒOPATHISTS ON HOMŒOPATHY.—The American *Observer* cites the following statements from a review of Dr. J. F. Geary (*North American Journal of Homœopathy*) on "Our Homœopathic Literature," who speaks of a fellow in Philadelphia whose only mode of diagnosis is applying a glass tube to the eye, and holding a globule of the 8000th dilution a yard from the nose! He makes severe strictures on homœopathic materia medica; and on the 'grandiloquent anticipations of the future of medicine, homœopathically viewed.' He charges that homœopathic materia medica is a 'very considerable multiplicity of meaningless words.' He

strikes at Bœnninghausen's and other therapeutic pocket-books; Hahnemann's *materia medica pura* is 'a mere symptom list.' Hahnemann 'overlooked scientific methods.' His 'self-constituted followers have copied his mistakes and enlarged his blunders.' 'These enchanters' have given birth 'to the protean monstrosity made up from the symptomatology, Hull's *Jahr*, *Jahr & Possart*, and Hering's, 'inflated gas bags.' These have made a race of 'symptom doctors' ignorant of every branch of medical and general knowledge. 'Our provings, in their present crude and conglomerate amalgamation, make every medicine produce similar and almost identical conditions.' And the converse is made to appear true, opposite phenomena being produced, and so every medicine embraces every ailment incident to the human family. There are drugs to act on the different sides of the body. A case is related where the non-effect of a remedy was attributed to the circumstance of the doctor having given a *left side* instead of a *right side* medicine. And 'a grave medical philosopher, of Philadelphia,' told this to his lady patient, to satisfy her! Every organ and part of an organ is furnished with a vast number of remedies. The male genitals have 110 to fall back on, in time of need, so the heel, the *back of the foot*, the sole, the toes, the toe tips, the big toes, the ball of the toes, the toe nails, and corns have a force of 6003! (See Bœnninghausen, pp. 130, 131 v. c.) Dr. Geary styles Bœnninghausen a 'half crazy enthusiast, who asserted he killed two mad dogs on the spot with one globule of the horse-trainer Jenichen's high potency.' "

A PECULIAR VARIETY OF MEDICAL IMMORTALITY.

—Certain physicians have been studying hanging, carbonic acid gas poisoning, electrical shocks, etc., in order to devise a painless means of executing criminals. While the object is a humanitarian one, it is by no means impossible that a physician may find himself immortalized in a very peculiar way in consequence of his studies in this direction. This was the fate of Dr. Guillotin. Respecting him, Carlyle says ("French Revolution"): "Singular Guillotin, respectable practitioner, doomed by a satiric destiny to the strangest immortal glory that ever kept obscure mortal from his resting place, the bosom of oblivion. Guillotin can reveal a cunningly devised beheading machine which shall become famous and world famous. This is the product of Guillotin's endeavors, gained not without meditation and reading, which product popular gratitude or levity christens by a feminine derivative name, as if it were, his daughter, La Guillotine. 'With my ma-

chine, messieurs, I whisk off your head in a twinkling, and you have no pain.' Unfortunate doctor, for two and twenty years he, unguillotined, shall hear nothing but guillotine, see nothing but guillotine, then dying shall, through long centuries wander, as it were, a disconsolate ghost on the wrong side of the Styx and Lethe, his name like to outlive Cæsar's." Such an immortality is hardly enviable, yet a great many physicians seem desirous of securing it.

CREDULITY IN A MEDICAL JOURNAL.—The *Medical and Surgical Reporter* says: "In Homer Bronson's garden, in Waterbury, was buried the arm he lost last August. He complained that the arm felt tired and cramped, but he experienced instant relief when, without his knowledge, the arm was exhumed and reinterred in a different position. Three times the severed limb has been moved, to give relief to the sufferer, and each time successfully. The above is reported in a reputable and reliable daily journal. An explanation we cannot give, but notice it in passing." The "reliable daily journal" has been evidently victimized by wonder-loving neighbors of the man mentioned. The changes have evidently been made with the man's knowledge, and the alleged beneficial effects are due to the man's belief in an old superstition. A very similar case was recently reported in this journal. The credulity of the *Medical and Surgical Reporter* is something astonishing and unequalled since the time of the Royal Society Fellows, who gravely assigned reasons why a live fish in water weighed more than the same animal dead.

THE AMERICAN PSYCHOLOGICAL JOURNAL.—The first number of volume one has been received. It is well prepared and well issued. The journal is issued by the "National Association for the Protection of the Insane and Prevention of Insanity." It is edited by Joseph Parrish, M.D., of Burlington, N. J., who is well known to be fully capable for the efficient discharge of this high trust. The associate editors have been wisely selected; they are as follows: C. L. Dana, M.D., N. Y.; Miss A. A. Chevaillier, Boston; W. W. Golding, M.D., Washington; H. H. Bannister, M.D., Kankakee, Ill.; and J. C. Shaw, M.D., Brooklyn, N. Y. The journal has made an excellent beginning, and has the best wishes of the writer for its fullest success. It is placed on the Exchange list. It is published by P. Blakiston, Son & Co., and they have done their duty fully and efficiently.

THE MEDICAL CHRONICLE.—This is a small octavo publication of eighteen or twenty pages. It is issued at Baltimore, and is in its first volume. Its

leading article, and first, is by its editor, Dr. Rohe. It contains also some book notices and news by Dr. Rohe, and also a few editorials by him. In one of these he declares GAILLARD'S MEDICAL JOURNAL to be guilty of "disgraceful criticism," etc., for undertaking to expose the course of the Illinois State Board of Health in its relations with the Columbus Medical College. If the notice really contained anything worthy of reply, it would be republished and answered, for this journal certainly would not do the Illinois Board of Health an injustice. That it officially considered "a three weeks' attendance" for "a second course" only "an irregularity," and thus falsified its pledges, is undeniable, and those who indorse a false bill are about as bad as the drawers of it.

DR. DONALD MACLEAN, Professor of Surgery at Ann Arbor, Mich., met with a most enthusiastic welcome from all of the students and many of the citizens of Ann Arbor, when he returned there, after a brief absence. Their sympathies had been extended so thoroughly to him during the conduct of the recent libel suit, that when it was decided in his favor, their enthusiasm could not be suppressed. His barouche was drawn by many students, while floral arches and other indications of enthusiasm were not wanting to complete the triumph of the occasion. Such an ovation is gratifying alike to Dr. Maclean, his friends, and to all who love justice and enjoy seeing the right triumphant.

CURIOUS EFFECT OF A CATHARTIC PILL.—Professor, bowing courteously (to patient just arrived from the Old Country, and to whom he had ordered a c. c. pill the night before): "What sort of a passage did you have, madam?"

"Beautiful, doctor; passed two schooners and a sloop."

THE first number of the Baltimore new weekly, viz., the *Maryland Medical Journal*, has been received. It is well prepared, and the editors will, it is hoped, meet with an ample and just reward for their energy and ability.

TO PHYSICIANS.—A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient. Specimen copies of the Journal will be sent to any addresses which subscribers may be kind enough to furnish.—EDITOR.

GAILLARD'S MEDICAL JOURNAL

AND
(THE AMERICAN MEDICAL WEEKLY.)

Scientia et Veritas Sino Timore.

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ORIGINAL ABSTRACTS.

PLEURAL, PERICARDIAL AND PERITONEAL GUNSHOT WOUND.—Dr. H. C. Wyman (*Medical Age*) reports the following case. He was asked to see a twenty-five year old man, who had twelve hours before been wounded by a 45 calibre revolver ball. It had entered on the inner aspect of the thigh a little below the termination of the left gluteal fold, and passed upward through the pubis, as indicated by the probe. Immediately after the wound he vomited a considerable quantity of blood, mixed with partially digested foods and rapidly grew pale and weak, though little blood passed from wound in thigh. He complained of great pain in the abdomen; and his pulse rapidly became small and weak. The doctor suspected internal hemorrhage, and gave morphia hypodermically. The most marked symptom was a frequent desire to void urine. The catheter brought away a few drops of urine but no blood. There was very little swelling of the abdomen. Careful percussion failed to indicate any fluid or coagulated blood. The pulse and history of wound gave the only evidence of internal hemorrhage. The patient died sixteen hours after receipt of the wound. On autopsy, 24 hours after death, a bullet 44 calibre, found in left pleural cavity; entrance of ball inside of left thigh behind the gracilis muscle, five inches below the pubic bone; track of ball skin deep until it penetrated pubic bone, one inch from left centre; cut three coils of small intestine; passed through the stomach; tore a track one inch long and an eighth of an inch deep through the apex of the heart; through apex of left lung, and was checked by upper ribs of left side. Peritoneum, pericardium and left pleural cavity filled with fresh blood and coagula.

OSTEITIS DEFORMANS.—Dr. C. N. Ellinwood, San Francisco (*Western Lancet*, April, 1883), reports

the following case of this disease: The patient was a man twenty-eight years old, who in early youth was delicate. No known hereditary taint. At twenty-one he weighed 93 pounds; at twenty-six, 206 pounds, and now, 196 pounds. He had always been able to work, but at times he experienced muscular weakness, malaise and darting pains in the legs. His greatest trouble has been in mastication, and he is dyspeptic. About a year ago he found his lower jaw protruded beyond the upper, which protrusion gradually increased until he could not bite his food. His lower teeth were extracted and a plate of artificial teeth substituted; this soon had to be replaced by another. The protrusion still increasing, the upper teeth were extracted, and artificial ones adjusted farther forward to fit the lower ones, but the protrusion is still going on. The lower teeth are projected nearly an inch beyond the upper. The bones of the face widened, and the entire skull had so enlarged as to require a larger hat. The bones of the trunk, the sternum and ribs were enlarged, thickened, and the spine lordotic. The carpal and metacarpal bones, the finger phalanges are quite thickened, and yet firm and strong. The whole skeleton is affected by the disease, the head and short bones most. On getting out of bed in the morning his joints crack, and are badly adjusted, requiring considerable manipulation to get them to functionate properly. He is awkward, and stumbles easily, from the imperfect use of his joints. He is anæmic, and suffers very much from the cold weather; his hands become blanched, and his lips are pale. He is free from cerebral symptoms, no headache, mind clear and memory good. His urine shows an increased quantity of urates only. At no time has he had symptoms of acute arthritis. The bones are symmetrically enlarged.

GYNÆCOLOGY AMONG THE INSANE.—Dr. M. A. Cleaves, Harrisburg, Pa. (*Western Lancet*, April, 1883), says, respecting her experience with gynæcol-

ogy among the insane, that: Statistics thus far accumulated will not warrant the statement that either the mental recovery or improvement is attributable to relief from the special disorder, yet it is rational to suppose that it has some effect, and that these patients have been placed in a better physical condition thereby than would have otherwise been attainable. Her additional experience, although yet too limited to be sufficient criterion, does not confirm her in the *hope* which she had, that the number of recoveries would ultimately increase. The work of a series of years might bring about different results. Briefly formulated, her conclusions then are as follows: That a large proportion of women in insane hospitals have some form or other of utero-ovarian disease; that many of those under treatment make marked mental and physical improvement coincidently with the improved local condition; that in a majority of cases, however, this improvement, owing doubtless to the long standing of the combined physical and mental disorder, only reaches a certain point, beyond which it seems impossible to make further gain. And if the special attention is productive of no untoward effect, and in the large majority of cases it is not, it should be skilfully and faithfully administered. The principle involved is a right one. It is rational to believe that the improved physical condition of those discharged recovered and improved, produced by their relief from the special trouble, renders them better able to meet and cope with the disturbing influences of life than they otherwise would be. The lives of many women in hospitals are thereby rendered more comfortable and tolerable. In a general way these conclusions corroborate the results of Skene (*American Journal of Obstetrics*, October, 1879), Rippling (*Allgemeine Zeitschrift für Psychiatrie*, Band xxxix. Heft. 1), and Danillo (*Alienist and Neurologist*, January, 1883). The very positive statements made by gynæcologists and dilettante alienists are, however, disproved by them.

CACTUS GRANDIFLORA IN RHEUMATISM.—Dr. H. L. Byrd (*Medical Times*) states that he has been getting better results for some time past from cactus grandiflora in heart-troubles resulting from rheumatism than any other remedy or combination of remedies. The promptness and uniformity of its action in affecting cardialgia resulting from rheumatism have been noticed in a considerable number of cases, and thus prepared the way for the early use of other treatment, when any additional treatment seemed to be demanded or required. Its action in such cases led him some time ago to use it in sub-

acute and chronic rheumatism; and his expectations of good results have been fully realized in those cases also. He is accustomed to prescribe the fluid extract of the cactus, and in eight to twelve-drop doses, every three hours, or oftener, as the symptoms require, and has obtained better results from its action in the cases in which it was indicated than could reasonably have been expected from any other agent with which he has had experience in his practice.

HYOSCYAMINE IN INSANITY.—Dr. T. Browne, Great Yarmouth, England (*British Medical Journal*, November, 1882), states that: First, his observations show the uncertainty of the action of hyoscyamine when given by the mouth, and the danger of large doses. Second, they also show the marked superiority of the hypodermic method, and the confidence with which, in some cases, its effects could be calculated on, and the dose increased or diminished in accordance with the violence of the patient. Third, hyoscyamine is a drug which is often capable of controlling the violence of a furious maniac, and, it may be, checking the torrent of rushing ideas on which he is borne along, soothing without putting him to sleep, in these respects, differing from morphia or chloral. In noisy and destructive progressive paretics, the quiet air of comfort and repose following a moderate dose was such a contrast with the previous condition, as to strongly impress every one with the feeling that, in hyoscyamine, another valuable aid had been secured in the treatment of such cases. Fourth, no curative action can be claimed for the drug. Even in acute mania it did nothing more than moderate or check, for a time, the violence of action, and, perhaps, render less vivid and overwhelming the terrifying whirlwind of delusions of the frantic patient.

POTASSIUM CYANIDE IN SYCOSIS.—Dr. S. P. Guiberson, Santa Paula, California (*Therapeutic Gazette*, December, 1882), says that he was treating a case of sycosis of about sixteen months' standing, and having tried everything laid down in the books without effecting a cure, thought that he would try the potassium cyanide, and did so. After the third application he observed a very marked improvement, and in three days after the first application the entire peculiar flush had disappeared, and the patient, after two weeks' treatment, perfectly recovered. The solution used was an extremely weak one; how weak he does not state.

AMMONIA MURIATE IN RHUS-POISONING.—Dr. T. L. Wright, Bellefontaine, Ohio (*Therapeutic Gazette*,

December, 1882), says that a saturated solution of ammonia muriate is an excellent application in rhus poisoning. It is cleanly, neither staining the skin nor the clothing, and possesses no disagreeable odor. Where the affection has lasted some time, and vesicles and bleeding patches are present, the remedy is for a short time very severe. But it is much less irritating than the poison. The most hideous faces he has ever seen, blotched, bloody and blind with swelling, have been greatly ameliorated in appearance in two or three hours. Those cases which are in their incipency, although red, swollen and itching, will present a whiter appearance within twenty minutes; and two or three applications will usually relieve completely, within 12 to 24 hours. He does not pretend to say the remedy will cure the disease equally well on all persons, but he has found it a very useful application.

PILOCARPIN IN HEPATIC ASCITES.—Dr. C. Max Richter (*Western Lancet*, April, 1883), San Francisco, claims that he has had excellent results from the use of pilocarpin in hepatic ascites. One third of a grain of the muriate is given with an ounce of whiskey once daily.

SUPERFŒTATION.—Dr. H. Allen (*Medical Bulletin*, November, 1882) reports the following case of superfœtation. He was called to attend a Mrs. T., æt. forty-five; found her in bed suffering from hemorrhage following the delivery of a four months' foetus, and succeeded in controlling the hemorrhage; he left her to return the next morning, at which time he found her better, pulse stronger and regular, temperature normal. The following day much the same, only that she had a chill, some little headache and backache. The next day there was still the same, without a return of the chill. On the morning following, his attention was called to a clot that had passed half an hour before his arrival. Upon examining it closely, he discovered it was another ovum, which contained a foetus. The case would be of more interest if the age of the second foetus had been ascertained.

BRIGHT'S DISEASE.—Dr. A. V. Meigs, Philadelphia (*Cincinnati Lancet and Clinic*), comes to the following conclusions respecting Bright's disease: First, that in ordinary uncomplicated Bright's disease, a prognosis of speedy death, or even of incurable disease, should not be given, for cases in which the disease was chronic, last more than two years, and end in complete recovery, and in others the person affected has lived nine years. Second, that dyspnœa, usually taking the form of renal

asthma, is much more common than is usually supposed, and when properly appreciated, is a valuable diagnostic sign of the disease. Severe coryza is a complication or accompaniment, and has a diagnostic value. Third, that Bright's disease, as a cause of death, is on the increase. Fourth, that it is a very common cause of the death of old people, probably being the direct cause in many deaths reported as of old age. Fifth, that the passage of gravel, even when microscopic in size, but particularly if large enough to cause nephritic colic, is a prolific cause of the disease. Sixth, the occurrence of tube casts in urine, without, or in advance of, the presence of albumen, is very common, and *vice versa*, persons may die of Bright's disease, and the most careful examination fail to show any tube-casts, although there may be albumen constantly present in the urine. Seventh, the abuse of alcohol is certainly a cause of kidney disease, as proved by a case coming under his observation, in which alcohol has, again and again, caused hemorrhage from the kidney, with the temporary presence of albumen and tube-casts in the urine, disappearing again with the cessation of its consumption. The last opinion, although true, is not based on the very best data, for the case cited is obviously an exceptional one. Dr. Meigs is evidently unacquainted with the more recent researches on the subject; those of McBride and Purdy, for example.

SODA SULPHATE IN ACUTE ARTICULAR RHEUMATISM.—Dr. T. Curtis Smith, Aurora, Indiana (*Medical and Surgical Reporter*, August 5th, 1882), states that while he is not yet sure of the mode of action of this drug, he has found that soda sulphate suddenly changes the whole character of a case of threatened acute articular rheumatism. He gives the first time in a markedly acute case $\frac{3}{4}$ i of the drug to be followed by $\frac{3}{4}$ ii doses every four to six hours thereafter.

BOWEL IRRIGATION IN DYSENTERY.—At the October 31st meeting of the Cincinnati Medical Society (*Cincinnati Lancet and Clinic*), Dr. Whittaker called attention to a case of dysentery which he had recently had at the Good Samaritan Hospital, who had had fifteen to twenty discharges in twenty-four hours. When first seen she had been in the hands of several physicians, to whom her case seemed hopeless. He gave her large doses of ipecac, thirty grains every four hours, in the beginning. The second dose controlled the discharges, but after the third or fourth powder they again became very bad. He then irrigated the bowel with a solution of silver nitrate, after the method recommended by H. C.

Wood, one and a half drachms to three pints of water. This was carefully injected, and the effect was that the patient had one stool in twenty-four hours. Collapse disappeared, but next day dysentery returned. He then gave opium to stimulate the brain, but it seemed to cause great discomfort. The second day dysentery returned, when he again irrigated the bowel, but instead of silver nitrate used alum, one drachm to the pint of water, injecting in this case three pints. The discharge ceased, and the patient ultimately entirely recovered. Bowel irrigation is nothing new in the treatment of dysentery. Sydenham treated it by drenching with water, by mouth and rectum. Aretæus also spoke of washing out the bowel, although neither mentioned astringents. S. McKenzie, London, has recently demonstrated that all that was needed was to pour in water from a funnel and tube. It is a question whether the action of the astringent has so much to do with the case as the flushing out of detritus and the germ. Dr. Whittaker appears to be unacquainted with the striking results obtained by Dr. M. J. B. Messemmer (*American Journal of the Medical Sciences*, 1878), from washing out the intestines with warm water injections.

COMBINATION OF RARE FRACTURES.—Dr. J. H. Warren, Boston, Mass. (*Medical Bulletin*, November, 1882), cites the case of a sixty-year-old syphilitic woman, who, while taking in clothes, made a misstep and fell, taking with her the basket and clothes, which were of considerable weight. The basket and contents fell upon her right shoulder, neck, and chest. Upon examination, there was found a fracture of the fourth dorsal vertebra at the transverse process. Also a fracture of the clavicle about two inches from the acromial end. The sternal end was driven high up into the nuchal muscles. Great swelling immediately supervened, extending downward below the fractured vertebra and upward to the neck and head, especially marked over the right shoulder and whole upper portion of the trunk. This emphysematous condition was due to fracture of two of the left ribs. Shoulder seemed partially dislocated, and dropped more than is usual in simple clavicular fracture. Arm and hand were paralyzed. She was placed in bed in a recumbent position, given stimulants freely, a bandage placed around the chest, and Day's improved yoke splint applied, well padded in the axilla, properly elevating the shoulder and clavicle. The next day she had rallied from the shock, but the swelling in the back, chest, and axillæ was increased. She was also paraplegic. Examining the shoulder more carefully than at first, crepitus was

found, and upon moving the head of the humerus the coracoid process followed the motion. This process, however, was not affected by the limited movements of the scapula, but crepitus could be detected by carrying the humerus upward and outward. The yoke splint was removed. A Velpeau bandage applied. Dr. Warren first placed the right hand upon the left shoulder, with a wedge-shaped pad under the shoulder, carrying the turns of the bandage over the arm as high up as possible upon the chest, so that all parts should be in the most favorable position for union. The clavicular sternal end was held in place by a compress and a cravat bandage placed as close to the neck as possible. The appearance of a copper-colored ulcer, which made its appearance over the vertebral fracture after twenty-eight days' use of the bandages, necessitated a change of these. In five weeks there was cartilaginous union of the coracoid process, and firm union of the acromial end of the clavicle, of the sternal end of the clavicle, and of the vertebra. The sterno-clavicular articulation was somewhat loose. In eight weeks the patient was able to walk to Dr. Warren's office.

A TWO-HEADED MONSTER.—Dr. Milner-Moore (*Lancet*) has recently delivered a woman of a monster which proved to be a large female child, with two heads and necks, one trunk, and two upper and lower extremities. The circumference of its chest at axilla, was $15\frac{1}{2}$ inches, length $19\frac{1}{2}$ inches, and weight $8\frac{3}{4}$ lbs. The right head presented with occiput anteriorly, and in the second position. On dissection, the following were the positions of the viscera: The sternum was to the left of the body, but the complex heart, which lay behind it, was directly in the centre. The heart consisted of one auricle, from which projected, vertically downward, two distinct cone-shaped pairs of ventricles, those on the left lying one in front of the other, while those on the right lay side by side. From the anterior thicker ventricle on the left side there proceeded a large vessel which first gave off the pulmonary artery, and then formed a communication with another vessel, which arose from the posterior thinner ventricle, and gave off two branches to the upper limb, and head and neck; by the joining of these vessels, a large trunk was formed, which met a similar artery from the right side, and formed the descending aorta. On the right side a large vessel originated from the thick outer ventricle, gave two branches to the upper extremity and neck, and a communicating branch to the smaller artery, proceeding from the inner thin ventricle, which then went to the lungs; the vessel formed by this junction met its counterpart of the

left side two inches from its origin. There were on each side of the thorax two lungs with three lobes in each. The other organs were as in a single child. The spinal column consisted of two spines, having origin from one sacrum, blended together as far as the third dorsal vertebra, where they separated, and rudimentary ribs appeared to be starting from the inner side of the sight spine. The mother made a recovery.

WRIST DROP: PARALYSIS FROM PRESSURE.—Dr. J. T. Whittaker (*Cincinnati Lancet and Clinic*) reports the following case. The patient went to bed well, but when he awoke in the morning he felt as if his hand was asleep. When he raised his arm he could not lift up his hand, while the other was elevated perfectly well. There existed a complete paralysis of the extensors though not of the flexors of the right hand. As the extensors of only one hand seemed to be affected, the affection was evidently local and due to pressure exerted somewhere on the nerve that supplies this set of muscles, namely, the musculo-spiral. The musculo-spiral nerve winds directly around the humerus, and is easily liable to compression between the head and the humerus. The only specially interesting point in the case is the differential diagnosis. There is no history of lead-poisoning. Moreover, the paralysis is confined to one hand, whereas in lead poisoning both would be affected though one may be more affected than the other. The condition is too recent to be due to muscular atrophy. Moreover, there is no atrophy. The prognosis is favorable. It is possible that the paralysis would have yielded without treatment. But in order to insure rapid recovery, electricity—faradization—was applied. The patient improved somewhat under a few days' treatment, and entirely recovered the use of his hand in a week.

ORIGINAL ARTICLES.

THE THERAPEUTICAL DRINKING OF HOT WATER, ITS ORIGIN AND USE. By EPHRAIM CUTTER, M.D., New York.

The therapeutical drinking of water, at a temperature of blood heat to 150° Fahr., having become popular enough to call for an allusion to it in the *London Lancet* as a "valuable American contribution to medicine," and since it seems to be used at random from the directions of its distinguished in-

roducer, I have thought that the origin and proper use of hot water should become history.

The practice dates back to 1858,* when Dr. James H. Salisbury, of this city, concluded a series of experiments on feeding animals, to ascertain the relation of food as a cause and cure of disease.*

Among other things he found that the fermentation of food and the products of these fermentations were the chief primary factors in producing the diseases which arise from unhealthy alimentation. With the idea of removing these diseases by removing their causes, he employed hot water, in order to wash out the acetic, butyric, hydro-sulphuric, lactic and saccharic acid and sulphide of ammonium fermentation vegetations; yeasts; from the stomach and intestines.

At first he tried cold water on his men to remove these products of fermentation. But cold water caused distress, pain and colic. So he increased the temperature of the water. Lukewarm water made them sick at the stomach, and excited peristalsis upward. The temperature of the water was increased to 110° and up to 150° F. This was well borne, and afforded a feeling of agreeable relief which thousands since testify to. The hot water excites normal downward peristalsis of the alimentary canal, washes down the slime, yeast and bile through its normal channels—washes out the liver and kidneys, and the bile is eliminated through the bowels and not through the blood, via the kidneys.

It was some time before the proper times of administration and proper number of ounces of hot water, and the proper number of ounces to be drunk at meals could be settled, in order to obtain the best results. These directions may be found published in connection with the Salisbury plans for the treatment of consumption, Bright's disease, diabetes, fibroids, sclerosis and colloid diseases.

At the risk of repetition, for the sake of a more thorough understanding of the subject, these details will be plainly and simply given.

* Besides swine, he experimented on men. These he took in companies of six healthy laborers and placed under military discipline, which he enforced himself. He also ate and drank as they did. The men were kept on single articles of food, coffee and water. Among these articles were beans, beef, bread, chicken, crackers, fish, lobster, mutton, potatoes, oat-meal, rice, turkey. The blood, urine and fæces of the animals were carefully examined microscopically and chemically, daily, without any preconceived idea to develop, but simply to ascertain facts and develop ideas from these facts.

In this manner he went through the whole range of foods to show the permanent value of each, when lived on exclusively and singly.

DIRECTIONS FOR USING HOT WATER ACCORDING TO
THE SALISBURY PLANS.

1. *The water must be hot; not cold or lukewarm.*—This is to excite downward peristalsis of the alimentary canal. Cold water depresses, as it uses animal heat to bring it up to the temperature of the economy, and there is a loss of nerve force in this proceeding.

Lukewarm water excites upward peristalsis or vomiting, as is well known. By hot water is meant a temperature of 110° to 150° F., such as is commonly liked in the use of tea and coffee. In cases of diarrhoea the hotter the better. In cases of hemorrhages the temperature should be at a blood heat. Ice-water is disallowed in all cases, sick or well.

2. *Quantity of hot water at a draught.*—Dr. Salisbury first began with one half pint of hot water, but he found it was not enough to wash out nor to bear another test founded on the physiological fact that the urine of a healthy babe suckling a healthy mother (the best standard of health)—stands at a specific gravity varying from 1015 to 1020. The urine of the patient should be made to conform to this standard, and the daily use of the urinometer tells whether the patient drinks enough or too much hot water. For example, if the specific gravity of the urine stands at 1030, more hot water should be drunk, unless there is a loss by sweating. On the other hand, should the specific gravity fall to 1010, less hot water should be drunk. The quantity of hot water varies usually from one half to one pint or one and a half pints at one time drinking.

The urine to be tested should be "the urina sanguinis" or that voided just after rising from bed in the morning before any meals or drinks are taken.

The quantity of urine voided in twenty-four hours should measure from forty-eight to sixty-four ounces. The amount will, of course, vary somewhat with the temperature of the atmosphere, exercise, sweating, etc., but the hot water must be given so as to keep the specific gravity to the infant's standard, to wit, 1015 to 1020. The urinometer will detect at once whether the proper amount of hot water has been drunk, no matter whether the patient is present or absent. Another test is that of odor. The urine should be devoid of the rank "urinus" smell, so well known but indescribable.

The Salisbury plans aim for this in all cases, and when the patients are true and faithful the aim is realized.

3. *Times of taking hot water.*—One hour to two hours before each meal, and half an hour before retiring to bed.

At first Dr. Salisbury tried the time of one half hour before meals, but this was apt to be followed by vomiting. One hour to two hours allows the hot water time enough to get out of the stomach before the food enters or sleep comes, and thus avoids vomiting. Four times a day gives an amount of hot water sufficient to bring the urine to the right specific gravity, quantity, color, odor and freedom from deposit on cooling. If the patient leaves out one dose of hot water during an astronomical day, the omission will show in the increased specific gravity as indicated by the urinometer, in the color, etc. Should the patient be thirsty between meals, eight ounces of hot water can be taken any time between two hours after a meal, and one hour before the next meal. This is to avoid diluting the food in the stomach with water.

4. *Mode of taking the hot water.*—In drinking the hot water it should be sipped and not drunk so fast as to distend the stomach and make it feel uncomfortable. From fifteen to twenty minutes may be consumed during the drinking of the hot water.

5. *The length of time to continue the use of hot water.*—Six (6) months is generally required to wash out the liver and intestines thoroughly.

As it promotes health the procedure can be practised by well people throughout life, and the benefits of "cleanliness inside" be enjoyed. The drag and friction on human existence, from the effects of fermentation, foulness, and indigestible food, when removed, gives life a wonderful elasticity and buoyancy somewhat like that of the babe above alluded to.

6. *Additions to hot water.*—To make it palatable, in case it is desired, and medicate the hot water, aromatic spirits of ammonia, clover tea blossoms, ginger, lemon juice, sage, salt, and sulphate of magnesia are sometimes added. Where there is intense thirst and dryness, a pinch of chloride of calcium or nitrate of potash may be added to allay thirst and leave a moistened film over the parched and dry mucous membrane surfaces. When there is diarrhoea, cinnamon, ginger and pepper may be boiled in the water, and the quantity drunk lessened. For constipation a teaspoonful of sulphate of magnesia or one half teaspoonful of taraxacum may be used in the hot water.

7. *Amount of liquid to be drunk at a meal.*—Not more than eight ounces. This is in order to not unduly dilute the gastric juice or wash it out prematurely, and thus interfere with the digestive processes.

8. *The effects of drinking of hot water, as indicated, are the improved feelings of the patient.*

The fæces become black with bile washed down its normal channel. This blackness of fæces lasts for more than six months, but the intolerable fetid odor of ordinary fæces is abated, and the smell approximates the odor of healthy infants suckling healthy breasts, and this shows that the ordinary nuisance of fetid fæces is due to a want of washing out and cleansing the alimentary canal from its fermenting contents. The urine is clear as champagne, free from deposit on cooling or odor, 1015 to 1020 specific gravity, like infants' urine. The sweat starts freely after drinking, giving a true bath from centre of body to periphery. The skin becomes healthy in feel and looks. The digestion is correspondingly improved, and with this improvement comes a better working of the machine. All thirst and dry mucous membranes disappear in a few days, and a moist condition of the mucous membrane and skin takes place. Ice-water in hot weather is not craved for, and those who have drunk ice-water freely are cured of the propensity. Inebriety has a strong foe in this use of hot water.

9. *Summary of general considerations on the therapeutical drinking of hot water.*

(a) Foundation for all treatment of chronic diseases.

(b) Excites downward peristalsis.

(c) Relieves spasm or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen, relieves.

(d) Dilutes the ropy secretions of the whole body, and renders them less adhesive, sticky and tenacious.

(e) Inside bath.

(f) Dissolves the abnormal crystalline substances that may be in the blood and urine.

(g) Necessary to have the hot water out of the stomach before meals.

(h) Use is to wash down the bile, slime, yeast and waste, and have the stomach fresh and clean for eating.

(i) Promotes elimination everywhere.

(j) If objection is made, it must be remembered that we are 75 per cent water.

(k) The gas that sometimes eructates after drinking hot water, is not produced by the hot water, but was present before, and the contractions of peristalsis eject it, or sometimes it is that the air is swallowed in sipping as horses suck air. The amount of gas contained in the alimentary canal is larger than most are aware of, and yet it is not excessive, as it takes some time to eruct a gallon of gas from the stomach. This length of time can be tested by submerging a

gallon jug filled with air under water, and observing how long it will be in filling with water.

(l) Some physicians have advised against hot water, on the ground that it would "burn the coating off the stomach." If this is so, then a denudation of the lining of the stomach continuously for twenty-four years is compatible to a state of otherwise perfect health with no sign of illness for that period of time, and is also compatible with the numerous cases that have occurred under the use of hot water as a foundation for treatment during the past twenty-five years. Again the same physicians drink tea and coffee at the same temperature, and this act belies their warning and shows their inconsistency and want of consideration before speaking.

(m) These dicta about the therapeutic drinking of hot water were founded on the physiological experiments at the outset, verified in pathology and based on the experience derived from the treatment of thousands of cases since 1858. They are open, so that all who will may partake of this "water of life freely."

10. *Personal estimate of the founder of this practice.*—"If I were confined to one means of medication I would take hot water." "I have drunk it for twenty-five years."

Corroboration of the writer.—The writer testifies that his own personal experience and observation corroborates the truth of these statements of the Salisbury plans.

NEW YORK, May 30th, 1883.

MODIFIED INOCULATION. By C. H. TEBALD, M.D., formerly Visiting Physician Charity Hospital, Health Officer of the Second District of New Orleans in 1866 and '67, and Professor of Diseases of Children, and Associate in the Chair of Obstetrics and Diseases of Women, in the late Charity Hospital Medical College of New Orleans.

It is my objective purpose in these articles, of which the present effort will constitute No. 1, to contribute my experience in modified inoculation to my professional brethren. In the issue of this journal, of April 21st, 1883, will be found a number of cases from my pen, upon whom modified inoculation was practised very recently. Although my articles will be headed as above, yet I may communicate several before I settle down to the regular discussion of this subject. On the present occasion I will take a hasty glance at small-pox, and in doing so, will extract freely from well-known medical authorities. My object in these papers will have no reference to the treatment of variola, but will be concerned wholly

with the consideration of the best and most trustworthy means for preventing, or guarding against, this most loathsome of maladies.

Small-pox or variola may be defined "as a contagious and infectious fever, commencing with lassitude, headache, stupor, mental depression, rigors, heat of skin, vomiting, and pain in the back and loins, and succeeded on the third day by an eruption of pimples, which in the course of a week inflame, become vesicular, and finally suppurate." Tanner on "Infancy and Childhood."

In his "Practice of Physic" Watson furnishes this description of the pustules: "Without going minutely into the anatomy of the pustules, you may distinctly see—if you closely examine them when they are about five or six days old—you may see, at least in many of them, two colors, viz., a central whitish disk of lymph, set in or surrounded by a circle of yellower puriform matter. In truth, there is in the centre a *vesicle*, which is distinct from the pus. You may puncture the vesicle and empty it of its contents, without letting out any of the pus, or you may puncture the part containing the pus, and let that out, without evacuating the contents of the vesicle. The vesicles have even, by careful dissection, been taken out entire, and they are said to consist of several little cells. It is most probable that the lymph contained in this separate vesicle is the purest part of the variolous poison." On the subject of the etiology of this distemper, I take the words of Quain, in his just issued "Dictionary of Medicine": "When, where, or how small-pox arose is not known. It certainly appeared in Europe in the sixth century. . . . It affects all races of men, every age, and both sexes. No climate is free from its ravages. It rages with special severity where it appears for the first time, and in such cases may carry off whole tribes. It is exceptionally severe among negroes and the inhabitants of warm climates generally. . . . As a rule, it attacks the same person once only, but there are exceptions to this rule. Some few—of whom Morgagni, Børhaave, and Diemerbroek are said to have been examples—are insusceptible of small-pox." Again, Watson informs us that "There is no contagion so strong and sure as that of small-pox; none that operates at so great a distance. Dr. Haygarth says, 'that during his long attention to this subject not a single instance had occurred to prove that persons liable to small-pox could associate in the same chamber with a patient in the distemper without receiving the infection.' It is readily communicable in every way—by inoculation, by breathing a contaminated atmosphere, by the contact or vicinity of fomites. Nay, it may be

caught from the dead body. Mr. Cæsar Hawkins has recorded an interesting example of this. The body of a man, who died of small-pox, was brought into the dissecting room in Windmill Street, and four students took the disease from that source. Of these, only one had touched the body."

Flint, in his "Practice of Medicine," quotes the following from Dickson: "Showing the communication of the diseased from the dead body, death having taken place before the development of the eruption. 'During the winter of 1848-9, a young man, a member of the medical class of the New York University, died suddenly and unexpectedly in the night under the care of a physician who had not thought him seriously ill. I was invited to the autopsy, and observed, when the corpse was uncovered, a few dark spots on the surface, which were supposed to be petechial, the principal symptoms of his attack having been gastric with great debility, as we were informed. The coffin was taken home to a New England village for burial, where, at the funeral, some of the relatives approached and opened it to see the face of the deceased before it was inhumed. Of this number, eight were attacked with small-pox; no other persons in the neighborhood being assailed.'" I again draw on Flint for the ensuing: "The disease is generally supposed to be communicable in all its stages, but undoubtedly it is most highly so during the stage of suppuration and desiccation. Dr. S. B. Hunt, surgeon of Volunteers and Medical Director in the Army of the South-West, during the late Civil War, says: 'Small-pox is not contagious in its early stages. If the patient be secluded at the earliest period when the disease can be recognized by the scientific eye, another and an unprotected person can sleep in the same bedding with very little danger. We have seen this tested on a large scale.' The contents of the vesicles and pustules, and the crusts and scabs formed by desiccation contain the virus; and the miasm, it is probable, not only emanates from the cutaneous surface, but is contained in the expired breath, and perhaps in the intestinal excreta. . . . Whether it be ever produced otherwise than by means of contagion or infection is and must always remain an open question, for with respect to the many reported cases in which the disease has appeared to originate spontaneously, it can always be said that there may have been some unsuspected and untraceable exposure." I will conclude this article with a quotation from the writings of the immortal Edward Jenner, on this subject, and which were first published in June, 1798: "The deviation of man from the state in which he was originally placed by nature seems to

have proved to him a prolific source of diseases. From the love of splendor, from the indulgences of luxury, and from his fondness for amusement, he has familiarized himself with a great number of animals, which may not originally have been intended for his associates. The wolf, disarmed of ferocity, is now pillowed in the lady's lap. The cat, the little tiger of our Island, whose natural home is the forest, is equally domesticated and caressed. The cow, the hog, the sheep, and the horse, are all, for a variety of purposes, brought under his care and dominion. There is a disease to which the horse, from his state of domestication, is frequently subjected. The farriers have termed it the grease. It is an inflammation and swelling in the heel, from which issues matter possessing properties of a very peculiar kind, which seems capable of generating a disease in the human body (after it has undergone the modification I shall presently speak of), which bears so strong a resemblance to small-pox, that I think it highly probable it may be the source of that disease." I have thus preferred to quote largely from the foregoing authorities on medicine, rather than to express their views in my own language and thereby raise a possible question of interpretation. I shall pursue this same course in my future articles, which I will prepare as rapidly as circumstances will admit.

SELECTIONS.

MALARIAL HÆMATURIA. The Address in Medicine, delivered before the Medical Society of the State of Pennsylvania, at Morristown, May 9, 1883. By JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; one of the Physicians to the Philadelphia Hospital, etc.

Perhaps the most important form of hæmaturia and hæmoglobinuria resulting from general causes is that due to malarial poisoning. I prefer the term malarial to intermittent or paroxysmal, not only because it more precisely indicates the cause of the condition, but also the cause of the condition itself is by no means always intermittent, but sometimes continues without interruption until checked by appropriate treatment, and I have known it to continue uninterruptedly for a year, notwithstanding all treatment.

The first complete report of an undoubted instance of this affection appears to have been published by Dressler, in 1854,* although incomplete and un-

certain cases were reported prior to this date—one as early as 1832,* by Elliotson. Dr. George Harley† early contributed to our accurate knowledge of the subject in 1865, and since then numerous papers and reports of cases have appeared in English and American journals, the southern part of the United States being a fertile scene of the affection, while it is by no means rare in our own State.

Two degrees of the disease are met with, a milder form in which other symptoms as well as the hæmaturia are less pronounced, and of which instances occur in the Middle States as well as the South and West of this country. Of this kind seem to be the cases studied by Harley and other English physicians. In addition to this, there is a second more malignant form, attended by great prostration, vomiting, and yellowness of the skin, along with copious discharges of bloody urine. Instances of the latter are numerous in the Southern States of this country, where they have recently been studied with considerable care; also in the East and West Indies, and in tropical countries generally. In neither degree of the disease is it necessary that the red corpuscles of the blood should be present. They may be represented by their coloring matters alone, when the condition is called a hæmoglobinuria or a hæmatinuria.

To ourselves, at this time, the milder, but sometimes quite intractable form, is more interesting. The victims who, in my experience of seven cases, have invariably been men, and I believe this is the experience of others also, are generally able to recall a history of exposure to malaria, and often of distinct attacks of malarial fever, intermittent and remittent. The hæmaturia appears suddenly, and when paroxysmal may occur daily, or on alternate days, or a couple of times a week, or even at longer intervals. When the attacks occur at longer intervals, say of ten days or two weeks, if the disease is left alone the interval is apt to gradually diminish, until the passage of bloody urine becomes daily. The urine in the morning may be perfectly clear, and at two o'clock is evidently bloody. It continues so through one or two acts of micturition, and then becomes clear again; or it may be bloody on rising and clear up by noon. Sometimes the bloody urine is preceded or accompanied by a sense of weariness and chilly feeling, or sometimes simply by cold hands and feet, or by cold knees, or by pallor and blueness of the face, or by accelerated pulse, or by no other symptoms whatever. There is

* Harley, George, Intermittent Hæmaturia, *Medico-Chirurg. Trans.*, London, 1865.

† Elliotson, Clinical Lecture on Diseases of the Heart, with Ague (and Hæmaturia), London *Lancet*, 1832, p. 500.

* Dressler, Ein Fall von intermittirender Albuminurie und Chromaturie, *Virchow's Archiv*, Bd. 6, S. 264, 1854.

sometimes a sense of fulness in the region of the kidney and sacrum.

Dr. Harley states that in one of the two cases which he reported, there was a slight jaundice, and in the second a "sallowiness which appeared to be due to a disturbance of the hepatic functions," but in none of the cases which I have met was this symptom present. In the more malignant form occurring in the tropics and Southern States of America, jaundice is a constant symptom.

While a majority of cases of malarial hæmaturia are intermittent, many are continuous, and of my seven cases only two were distinctly intermittent. One of these cases I published in a clinical lecture in the *Philadelphia Medical Times*, as far back as September 1st, 1871.

Negroes are not exempt from this milder form of the disease, as they seem to be from the more malignant form of the South. While writing this paper, I was consulted by a negro, thirty-one years old, who had a true malarial hæmoglobinuria which yielded promptly to the treatment by quinine. But this was the only case of a negro out of seven.

Physical and Chemical Characters of the Urine.—The urine is usually acid in reaction when passed, sometimes neutral, rarely alkaline, and ranges in specific gravity from 1010 to 1028. It is always albuminous, and always tinged by blood coloring matters, the depth of color varying from the trifling degree known as "smoke-hued" to a dark-red or claret color. Sometimes it is even darker and is often compared to porter, though this degree of coloration is more characteristic of the malignant form. The urine deposits a dark, reddish-brown sediment, which is generally copious, but varies with the degree of coloration of the urine. This sediment is made up chiefly of red blood-disks or the granular débris resulting from their disintegration.

Casts of the uriniferous tubules are also often present. They are usually made up of aggregated red blood-disks or the granular matter referred to; but they may also be hyaline, or hyaline with a moderate amount of granular matter attached. Granular urates, also, at times contribute to the sediment, and also adhere to the casts.

That red blood-disks are at times exceedingly scarce and even totally absent at the very moment when the urine is passed is a well-recognized fact; while that the coloring matter present is still that of the blood, even though no corpuscles are present, is easy of demonstration by the production of Teichmann's hæmin crystals* or by spectrum analysis.

* Place a drop of the sediment upon a glass slide and allow it to dry. Mix thoroughly with a few particles of com-

In the matter of the presence or absence of blood-disks, it is to be remembered that these may be present at the moment the urine is passed, but disappear by subsequent solution if the urine happens to be alkaline or becomes so secondarily. It is an interesting fact, too, that the colorless blood-corpuscles are often present intact, even when the red disks are absent. While I have frequently examined urine sent me from the South, in which only the coloring matter of the blood and no corpuscles were present, but one of the cases coming under my own observation furnished urine of this character.

Pathology and Morbid Anatomy.—The pathology of malarial hæmaturia consists, as yet, chiefly of theoretical deductions. We can only conclude that the malarial poison acts upon the blood and blood-vessels, impairing the integrity of both. This goes so far occasionally as to produce an actual destruction of blood-disks, and always so alters the capillaries that they permit the transudation of blood elements ordinarily retained.

The morbid anatomy is scarcely more precisely defined. Ponfick* goes so far as to say that the exudation of hæmoglobulin is not possible without the concurrence of marked diffuse nephritis. Recently, Lebedeff† has sought to investigate the more minute alterations of the kidney in hæmoglobin exudation, but without very definite results. These, however, on the whole, seem to confirm Ponfick's view as to the presence of an inflammatory process.

Diagnosis.—The diagnosis of this condition is not usually difficult. We have first to determine whether the hemorrhagic discharge is from the kidney rather than the bladder or ureters. This is certain if tube-casts are present. But tube-casts are not always present even when the hemorrhage is from the kidneys. The absence of clots and of vesical irritation, and of pain in the course of the ureters, is characteristic of blood from the kidneys. Finally, all hæmoglobinurias are renal.

It being certain that the blood comes from the kidney, we have to distinguish it from that due to cancer, to calculous irritation, and to cachexias, as purpura and scurvy; or to grave forms of infectious

mon salt and cover with a thin glass cover, under which allow two or three drops of glacial acetic acid to pass. Carefully warm the slide for a few seconds over a spirit-lamp, and when most of the acetic acid is evaporated, examine by the microscope. Hæmin crystals will be seen to crystallize out as the mixture cools.

* Ponfick, Ueber die Gemeingefährlichkeit der essbaren Morchel. Virchow's Archiv, Bd. 88, S. 476, 1882.

† Lebedeff, Zur Kenntniss der feineren Veränderungen der Nieren bei der Hämoglobinausscheidung. Virchow's Archiv, Bd. 91, S. 267, Feb., 1883.

disease, septicæmia, pyæmia, etc.; or, finally, to poisonous substances introduced into the blood, such as arsenic, iodine, arseniuretted hydrogen, carbonic acid and carbonic oxide gas, and even certain species of edible fungi.

In the first place, the diagnosis is greatly aided if it is found we have to do with a hæmoglobinuria rather than a hæmaturia. For although the former condition is produced by toxic and septic agencies of another kind, the attending symptoms, when it is thus produced, are so characteristic that it is not likely that error can be made.

To aid in distinguishing it from cancer, we have the history of malarial exposure, and often that of other forms of malarial disease; and, notwithstanding the seeming drain upon the system, none of the cases I have ever seen present the profound anæmia of cancer. The bloody discharge in cancer of the kidney is always a true hæmaturia—there are always blood-disks in the urine. There is often pain in the region of the kidney in cancer, but never in malarial hæmaturia.

In calculous disease there is almost always pain before or during the hæmaturic attack, and characteristic crystalline sediments often appear in the urine.

The disease, being comparatively rare in this latitude, is sometimes overlooked on this account. Of the seven cases which I have noted during fifteen years, five originated in Pennsylvania, one in New Jersey, and one in North Carolina.

Treatment.—The treatment is distinctly that of malarial disease, and I have seldom seen more brilliant and satisfactory results than have followed the use of *quinine* in a case accurately determined, although such results are not invariable, and I have known the disease to resist for a long time the most thorough and judicious use of anti-malarial remedies. Usually, however, I take hold of a case of this kind with considerable confidence. When there are distinct remissions, my practice has been to administer sixteen to twenty grains of sulphate of quinia in the usual manner of anticipation of the paroxysm in intermittent fever, from three to five grains every hour until the required amount is taken; the whole amount may be taken in two doses or even in one dose. Where there is no distinct remission I more usually direct three to five grains every three hours, until the hemorrhage ceases or decided cinchonism is produced.

The advantage well known to accrue in malarial disease from the combination of mercurials with quinine, applies to hemorrhagic malarial as well, although I usually reserve the mercurial until I have ascertained whether the simple quinine treatment answers the purpose. If the usual method fails, I

gave eight or ten grains of calomel in the evening followed by a saline in the morning, before reinstating the quinine treatment. In the case of the colored man alluded to, who had malarial hæmoglobinuria, thirty-six grains of quinine failed to break the attack; but the same quantity given after ten grains of calomel had acted, succeeded.

Where these means failed, I have not found the other methods of treatment commonly resorted to in obstinate malarial disease to be any more efficient. I allude to the treatment by *arsenic*, or by *iron* and arsenic. Indeed, in the only two cases in which, after failure with the quinine treatment, iron and arsenic were used at my suggestion, they failed absolutely. In the one case under the care of my friend, Dr. James L. Tyson, this treatment was carried out most faithfully. After four weeks' treatment with quinine without effect, Fowler's solution was given at first in five-drop doses three times daily, subsequently increased to ten, and fifteen, along with twenty and thirty-drop doses of tincture of the chloride of iron, until œdema of the eyelids occurred, when the arsenic was discontinued, but the iron continued. In two or three days the arsenic was recommenced in three and four-drop doses for three or four weeks longer without effect. Fluid extract of ergot in twenty-drop doses was then substituted for the iron, alternating with the arsenic for two weeks longer, when some slight favorable change was apparent, but it was temporary. Repeatedly throughout the treatment the patient complained of weariness and backache, cold feet and knees, headache and acceleration of pulse, and a feeling of "utter wretchedness;" and then again he would feel quite comfortable for a day or two, but with little or no change in the urine, except occasionally in the morning, when it would sometimes be quite light-hued, but after breakfast would again assume its bloody character. A sojourn at the sea-side for two weeks was without effect.

It will appear from the above that *ergot*, which has been found useful in some forms of hæmaturia, is of little service here, as is attested by two other cases, in which I tried it faithfully. At the same time, it is a remedy which should be tried in case of failure with others.

The usual *astringents*, mineral and vegetable, of known efficacy in the treatment of hemorrhagic conditions, should be used alone, or in conjunction with the specific anti-malarial treatment, after the latter has been found of itself insufficient. To this class of remedies belong the mineral acids, persulphate of iron, acetate of lead, alum, gallic acid, catechu, kino, etc.

Rest is certainly an important adjuvant in the treatment of this form of malarial disease. I have known a recurrence to take place after a long drive in a carriage.

It is claimed for many *natural* mineral waters that hemorrhage from the kidneys is one of the affections cured by their use. *Chalybeate* and *alum* springs might be expected to be of advantage by the local action of these astringents in their transit through the kidneys, but my personal knowledge is limited to a single case. The results in this seemed, however, of such a decided character, that I report them, without desiring to attach to a single case an importance greater than it deserves. The patient was a lawyer, who consulted me in June, 1881, at the suggestion of Dr. W. W. Covington, of North Carolina. He had frequently had "chills," and a congestive chill in 1873. Three months before I saw him, he began to pass bloody urine. He had no other symptoms, except a soreness and weakness in the neighborhood of the sacrum, extending into the outer part of the left thigh. The urine passed for me at the time of his visit was dark reddish-brown in color, acid in reaction, had a specific gravity of 1028, and deposited a sediment of almost tarry consistence, which was made up almost entirely of blood-corpuscles, and was, of course, highly albuminous. There were no tube-casts. He had been a dyspeptic since seventeen years of age, and medicines disagreed with him; but he was treated faithfully with quinine, iron, arsenic, ergot, benzoate of lime, all without the slightest effect. At the end of about a year from the time he consulted me, he heard of the Jackson spring, located in Moore County, North Carolina, fifteen miles distant from Manly Station, on the Raleigh and Augusta Railroad. He went there, and remained one week. He states that, for the first two or three days, the water acted decidedly on his kidneys, and he voided a number of clots of blood. *On the third day all traces of blood disappeared*, and it recurred but once since, on a very cold day, in November last, but again disappeared after a day or two in the house. This statement is so direct, and my patient is so intelligent and reliable, that I could not but be impressed by it, and I am quite anxious to repeat the remedy on another case. Unfortunately, no precise analysis of this water seems to have been made; but, from what my friend writes, it evidently contains iron and sulphur, and magnesia is also said to be present. It is promptly diuretic.

The following are some of the chalybeate and alum springs, the waters of which one would expect to be of service in hæmaturia, and some of which

have a reputation for efficacy therein: Orchard Acid Springs, New York; Rockbridge Alum Springs, Pulaski Alum Springs, Bath Alum Springs, Stribling Springs, and Bedford Alum Springs, all in Virginia. In all of these waters iron and alum are both present, accompanied, in many instances, by free sulphuric acid, by which their efficiency is increased. In one of my cases the hemorrhage disappeared temporarily under the use of the water from the Bedford Springs, Penn., but again returned. These waters contain a little iron, but no alum. Subsequently the same patient was promptly relieved by quinine, which had not been previously tried.

Malignant Malarial Hæmaturia.—The second more serious form of this disease, as it occurs in the tropics and the southern part of the United States, is characterized by such increased intensity of all the symptoms that it may be well called "malignant." Singularly, however, the disease has seemed to be much more prevalent during the last fifteen years. My attention was first called to it in September, 1868, when I received specimens of urine and the history of some cases from Dr. R. D. Webb, of Livingston, Ala., who wrote also that it was not known in that part of his State, at least prior to 1863 or 1864.

In this, as in the milder form, there is a distinct but more invariable history of malarial exposure, and the attack often begins as an ordinary case of chills and fever, there being often one or two paroxysms before the hæmaturia appears. At other times, the hemorrhage ushers in the disease suddenly. The urine is often black and almost tarry in consistence, and passed in unusually large quantities—it is said as much as a pint every fifteen or twenty minutes until a couple of quarts have been passed, or one or two gallons in the course of twelve hours. But after twenty-four hours, the quantity diminishes. Epistaxis sometimes occurs, but is not often profuse. Distressing nausea and vomiting of bilious and even black matter, like that of "black vomit," also occur. Intense jaundice rapidly supervenes, said to come on sometimes in the course of an hour, often in from two to six hours. The tongue is brown and dry. The bowels are at times constipated, and at others loose. Although the patient may be feverish at first, with a temperature of 104° to 106°, and the skin dry, the pulse rapidly becomes small and feeble, until it is scarcely perceptible. Drowsiness and coma sometimes intervene, and at others the mind is clear until the moment of death, which frequently supervenes within twenty-four or sixty hours; or the symptoms may subside, to be repeated again the next day, if not prevented by treatment. If recov-

ery takes place, which it sometimes does, and lately more frequently, convalescence is slow and tedious, the patient remaining for weeks in an enfeebled and anæmic state.

In this form of the disease especially, it often happens that the coloring matter only and the débris of blood-disks are found in the urine, very few and often no entire ones being discernible—in other words, we have a true hæmoglobinuria or hæmatinuria. The urine is, of course, albuminous. A specimen recently received from North Carolina, and analyzed by Prof. Wormley, contained no corpuscles, but revealed the spectroscopic band characteristic of hæmoglobin. It contained two and a half per cent of urea. The specific gravity of the urine ranges between 1010 and 1020, being lower when it is copious.

As to the jaundice, it is evidently a hæmatogenetic, and not a hepatogenetic form with which we have to deal. It is due, not to the retention of bile, but to the disintegration of blood corpuscles, and the solution of their coloring matter which diffuses through the tissues and stains them yellow or yellowish-green. This form, too, apparently is more frequent in males, and negroes appear to be exempt. This is not the case with the milder form, for it will be remembered that one of my patients was a negro.

Autopsies reveal the same intense yellow coloration of internal organs—lungs, liver, spleen, stomach, kidneys—anæmia rather than congestion, while the blood is dark-hued and is indisposed to coagulate. The spleen is often enlarged.

The *treatment* for the breaking of the paroxysm is pre-eminently quinine, or quinine with mercurials; and although this does not always succeed, there seems to be no other remedy. The quinine may be given hypodermically. The nausea has been controlled by morphia and lime water, by carbolic acid, and by creasote. In addition, restorative measures are necessary, including the free use of stimulants. Turpentine has been used in large doses (f 3 j), but this does not seem a very rational treatment.

SEPARATION AND TRANSPLANTATION OF OVARIAN CYSTS. By EDWARD MALINS, M.D., C.M., Obstetric Physician to the General Hospital, Birmingham, England

The present paper is illustrative of a very uncommon pathological condition, and affords some important and interesting details from a clinical aspect. Five cases have come under my notice where cysts were transplanted to a new situation; in one the separation was not absolutely complete when the patient was operated upon, though the transplantation was advanced; in the three others the union from

the place of original development was entirely severed, and a connection established under different auspices with fresh structures. The process by which this was accomplished created much disturbance for a time, but the cysts afterward appear to have settled down with a singular accommodation on the part of their surroundings. This toleration after an inflammatory storm has subsided is an interesting feature to note; the contest during the while is severe, the fresh region resents the intrusion of the foreign body, the temperature rises, the pulse quickens, there are pain and constitutional distress. This is continued, with varying doubts as to the issue, for an uncertain time, until the persistence of the invasion overcomes the reluctance of the new locality, and the cyst is retained where accident allots it space. Thus, like a parasite, it ultimately derives its nourishment and fosters its growth from the part which unwittingly accedes to the necessities of the conqueror.

CASE 1.—Mrs. W—, aged forty-five, married twenty years, thirteen children, youngest three years old, was admitted to the General Hospital on July 1st, 1882, with the following history: She stated that she had always had good health until March, 1881, when she noticed an enlargement of the abdomen, chiefly on the right side; this continued to increase in size. Six months later, while nursing and lifting a sister who was ill, she was suddenly seized with violent pain in the abdomen and was obliged to go to bed. This was followed by an attack of inflammation of the bowels, which caused her to keep her bed for several months. She was very feverish, and had occasional shiverings. The abdomen became much reduced in size, but still swollen and tender, and in March, 1881, a large abscess formed below the navel, which, pointing outside, was opened by the doctor and several pints of matter let out. This discharged for some weeks and ultimately closed. Still a large lump remained; it was not particularly painful, but she was feeble and unable to work. Menstruation had been regular. On examination the patient was thin but otherwise healthy looking. The abdomen was not tense; a little to the left and one inch and a half below the umbilicus was a depressed cicatrix an inch long. On palpation a rounded mass was felt about the size of a small cocoa-nut, the bulk of which was to the right of the median line, the upper border being a little higher than the level of the umbilicus. Fluctuation was indistinct; it was smooth and evidently adherent to the inner aspect of the abdominal wall. The uterus was free; there was nothing abnormal in the pelvic roof; there was no albumen in the urine.

On July 12th the abdomen was opened in the middle line by an incision three inches long through somewhat dense tissue, when a cyst was found adherent to the abdominal wall, the omentum, and on the left to about four inches of small intestine. The adhesions were separated and the cyst removed; there was no pedicle, and on examining the pelvis the right ovary was absent. The Fallopian tube could not be traced. The patient made a good recovery. The cyst weighed nine ounces and a half, was crinkled, dull, and dense, its walls were an eighth of an inch thick, irregular, and the interior contained about nine ounces of thin grumous fluid. It would appear that there was originally a large cyst; that this, probably containing clear fluid, had ruptured, giving rise to the inflammation of the bowels spoken of by the patient; that the cyst diminished in size, became adherent to the place I have mentioned by the activity of the inflammatory action; that, becoming fixed, it gradually dragged away from its attachment to the broad ligament, this stretching being favored by the constant movement of the intestines, until at last it established itself by a prescriptive right of possession to the new situation it had acquired. Probably as a result of the inflammation of its walls, and in some measure owing to the low vitality its connection must have permitted, there was free suppuration in the interior, which, finding its way in the direction of least resistance, the pus was let out when it showed signs of coming through the abdominal wall. After this there was an abeyance of acute symptoms, but the tumor remained with a future before it upon which we may speculate as probably that of a passive existence.

CASE 2.—Miss S—, aged eighteen, pale, strumous looking, stated that she was brought up in the country until a year ago, when she came to live with some relatives in Birmingham. Before leaving home she had a bad attack of "inflammation of the bowels," and was confined to bed for some weeks; since then she has never been well and strong. Has been irregular, and suffered from occasional attacks of pain in the lower abdomen and right side; this was always most during menstruation, obliging her to lay by for some days. On October 23d, 1882, she got wet, and went to bed with indications of an ordinary cold. On the 25th she had a shivering with acute pain in the abdomen. Dr. Lewis was sent for, and the pain relieved by hot fomentations and opium. On the 26th I saw her with him; she then had constant sickness, pain and tenderness over the abdomen, particularly in the right iliac region; quick

pulse and high temperature. Per vaginam the uterus was fixed, the pelvic roof hard throughout; by the rectum the pelvic contents were represented by a general hardness, through which definition was impossible. Her urine was free from albumen. On the morning of the 28th she was seized suddenly with an intense aggravation of the abdominal pain, with collapse. The abdomen was distended and exquisitely tender; there were profuse sweating and general torpor, the tongue dry, pulse 130, temperature 102° F. She never rallied, and died on the 29th at 1 P.M. On the following morning a post-mortem was made by Dr. Lewis. On opening the abdomen there were signs of general peritonitis; the intestines were dull, slightly adhering in some parts, more firmly in others, with here and there patches of recent lymph. On the right side of the pelvis the parts were matted together by inflammatory adhesions. To the inner aspect of the cæcum, adhering to it, to the omentum, and to the adjacent coils of small intestines, was a cyst the size of an orange, smooth where not attached, and tailing off with a band like a pedicle into the thickened mass on the right of the uterus, in which by careful dissection no trace of an ovary could be found. The cyst contained between two and three ounces of thick yellow pus, and at its lower part was a small opening through which this had ruptured into the peritoneum. The cyst wall was dark leaden-colored, about two lines thick, denser in some parts than others; and over one side could be traced a band, which terminated irregularly like the end of the Fallopian tube. The inner surface was roughened and irregular. The left ovary was enlarged, and the Fallopian tube on that side distended and containing pus. The uterus was small and hard, intimately connected by adhesions with the rectum and surrounding parts. Read by the light of this history, the explanation seems to be that this girl had an ovarian cyst, which became adherent during the attack of the so-called inflammation of the bowels a year before; that it subsequently suppurated, and was associated with a condition of chronic pelvic peritonitis; that it became separated and transplanted, eventually ruptured and caused death. That such a state of parts in the pelvis is not inconsistent with a tolerable condition of health and ability to pursue the ordinary avocations of life we have occasional clinical knowledge. One case I remember seeing at the post-mortem of a young person who died of peritonitis after a few days' illness; the ovary was dilated and filled with pus, which had burst into the peritoneum. The abscess of the ovary was evidently of old standing, and yet within

a week of her death the patient was going about as usual.

CASE 3. Mrs. T—, aged thirty-three, fair and healthy-looking, four children, the youngest five months old, came as an out-patient to the General Hospital on October 27th, 1882, with the following history: She stated that her health had always been good until after the last confinement, when she noticed a swelling on the right side of the abdomen, which was gradually getting larger; it was not painful, and only affected her by the inconvenience of its bulk. On examination, the abdomen was smooth and tense, larger in the right half, fluctuating throughout; no solid matter felt. The uterus was drawn up to the right, and measured three inches; no albumen in the urine. Diagnosed large unilocular cyst of the right ovary. The patient was advised to wean her baby, and come again in a month's time for operation. She was admitted into the hospital on January 5th, 1883, having written to say that she had been detained by a bad attack of "inflammation of the bowels," for which she had been in bed a fortnight; this came on suddenly in the night, after going to bed in her usual health. On examination, I was struck with the change in the appearance of the abdomen from the time of her last visit. Instead of a uniform distension, smooth, tense, and fluctuating, there was now a prominent bulging in the middle of the abdomen, below the umbilicus. This was manifestly adherent to the inner wall, the surrounding parts being lax, and the skin quite loose. It was about the size and shape of a "Rugby" football. On January 11th the cyst was removed. It was adherent to the anterior abdominal wall, the omentum, and to about three inches of small intestine; its lower border was connected by a pedicle which had rotated round from the right forward, and over to the left for about three turns, presenting the appearance of a twisted umbilical cord. The connection with the broad ligament and right side of the uterus was shelled off by the fingers from an area of organizing extravasation; there was no ovary. The cyst was olive-green colored, smooth externally; it weighed thirteen and a half ounces, and contained seventy-four ounces of port-wine colored fluid; its walls were thick and puckered, its interior irregular. A glass drainage-tube was put in the abdomen and retained for five days, during which time eight ounces of sanguinolent fluid were taken away. The temperature was never more than a little over 99°, and the patient has made a capital recovery. A similar explanation is applicable to this case from the course in which events were noted with a reasonable proba-

bility of sequence. There was a large thin-walled cyst; this ruptured in the night; the cyst collapsed and became twisted round on its pedicle; peritonitis succeeded from the quantity of escaped fluid, then came adhesion, arrest of circulation by the torsion with transudation of blood in the interior, and final separation with transplantation away from the primary source.

CASE 4. Mrs. P—, aged thirty-three. This case is recorded in the *Lancet* of April 14th, 1877, p. 529. There was a large single cyst which was tapped on February 18th, sixteen pints of fluid being withdrawn; on March 3d it was removed, the patient making a good recovery. In this case the pedicle was rotated for two complete turns; there were recent adhesions to the omentum, anterior abdominal wall, and small intestine. The cyst weighed 1 lb. 9 oz., was shrunken, dark livid-colored, and contained half a pint of dark-colored fluid. Here the mechanism by which the result was produced was identically the same. A large single cyst was tapped; it collapsed, drifted from its moorings; under the influence of soft elastic pressure from constantly moving intestines it became twisted round on its stalk; peritonitis gave the conditions for the adhesion which was present, and transplantation was practically complete. The twisted pedicle no longer afforded a link for the vital connection, but, with the principle of true conservative reparation, delayed its final separation, while the cyst was forming adhesions by which it was destined to find an independent existence.

CASE 5.—F. V.—, admitted to the General Hospital on February 17th, 1883, with the following history. Has been ill for two years with pain in the left side of the abdomen, which has been gradually increasing in size. Sixteen weeks ago, while sitting still she was suddenly seized with pain in the abdomen; this was followed by an attack of severe inflammation of the bowels, for which she has been in bed ever since. Five weeks ago she was seen by an eminent surgeon, who diagnosed hæmatocele, and aspirated through the abdominal wall; rather more than six pints of dark-colored fluid, mixed with blood, were taken away. The pain and swelling still continued. On admission the abdomen measured thirty-one inches round; from the umbilicus to the left superior spine, five inches and three quarters; to the right the same. On February 22d, the abdomen was opened, and a cyst formed of the right ovary was found adherent to the abdominal wall, the omentum, and about four inches of small intestine. The

walls were about one eighth of an inch thick, and dark-olive-green colored; the cyst weighed 1 lb. 3 oz., and there was about five pints of port-wine-looking fluid in the interior. The pedicle was twisted two and a half times, was friable, and easily disconnected from its attachment, which was in the process of separation. The abdomen was drained and dressed antiseptically. She made a good recovery.

In the cases I have narrated it will be seen that the four operated upon recovered, that there was a close similarity in the history as given in the accounts of the patients themselves, and in the symptoms exhibited. In the remaining one it would have been hopeless to have attempted any operation from the extent of the chronic pelvic peritonitis which was lighted up by the rupture of the pus-containing cyst, and the extreme condition of the patient at the time the consultation took place. That large thin-walled cysts may burst, giving rise to temporary disturbance, and ultimately disappear, is now well known, but that under certain conditions transplantation may take place there has not been as far as I know any clinical record. In the *Edinburgh Medical Journal* for January, 1861, is a paper by Professor Turner, of which he was kind enough to send me a copy. He there relates a case found in the dissecting room in a woman aged seventy-nine, where an ovary the size of a foetal head was transplanted to the peritoneum covering the first and second lumbar vertebræ. He also quotes an essay by Rokitansky upon the same subject, mainly setting forth the effect of peritoneal inflammation in intra-uterine life. In a paper on mesenteric and omental cysts by Mr. Knowsley Thornton, in the *British Medical Journal*, December 23d, 1882, is a case which appears to be in support of my observations; a left dermoid cystic ovary was twisted off from its pedicle and became adherent to the omentum on the right side from which its nourishment was derived.

ILLUMINATION OF INTERNAL CAVITIES BY MEANS OF THE ELECTRIC LIGHT. By THOMAS OLIVER, M.D., M.R.C.P., Physician to the Infirmary, Newcastle-upon-Tyne, and J. B. PAYNE, F.R.M.S., Newcastle-upon-Tyne.

At the last meeting of the Northumberland and Durham Medical Society I exhibited Mr. Payne's improved electric light appliances, and showed how some of them might be utilized for microscopical and clinical purposes. For the past few months I have been engaged with Mr. Payne in suggesting adaptations of these instruments to the purposes just alluded to. Remembering that Sir Henry Thomp-

son, more than a year ago, explored the bladder by means of the electric light, and that Leitz, of Vienna, is devising instruments for illuminating the throat, posterior nares, bladder, uterus, etc., Mr. Payne made an instrument by means of which the throat could be examined. Having at the present time a patient in the infirmary who is suffering from hydatid disease of the liver—on whom the operation of abdominal section with incision of the liver had been performed—giving exit to about seven pints and a half of pus, I took advantage of the opportunity, and succeeded in lighting up the interior of the cyst by means of the electric light. For this purpose Mr. Payne devised and constructed a brass tube, electro-plated, nine and a half inches in length, and eleven sixteenths of an inch in diameter externally. One end of this tube was funnel-shaped, and the other was closed by a piece of glass; down this tube was inserted a narrow cylinder, which carried a Swan's lamp and the electric wires. This tube, with its glazed extremity, was smeared with carbolized oil, although in future I shall use carbolized glycerine for the window of the tube, and, with gentle pressure, I succeeded in passing it through the abdominal incision into the interior of the liver. The lamp was at once lit, and I had the pleasure of observing a grayish red condition of the wall of the cyst, studded across which were numerous yellow-white spots, evidently pus; a slight oozing or sweating was also noticed on the wall of the cavity. The illumination of the interior of the liver by means of the electric light was in every way satisfactory and successful; and although it is of little aid in the treatment of the case in question, it has shown us that the lighting up of internal cavities is not only a possibility, but a matter of comparative ease. With the extremely small size of the Swan's lamp required (it is not much larger than an ordinary bean), and which gives a light equivalent to that from three candles, and with the improved instruments which Mr. Payne is devising, I see how the electric light might become useful in operations for vesico-vaginal or recto-vaginal fistula and in certain diseases of the bladder. Before making use of this illuminating endoscope on the human subject, I tried its effects in a dark chamber; I read, with ease, a piece of print placed therein.

QUACKERY YEARS AGO.—In a French work entitled "The Art of Medicine, or, The True Means of Succeeding in Medicine," published in Paris in 1843, we find the following amusing anecdote, which tends to show that the quackery of to-day is no new thing:

During a journey which Barthez was making in the south of France, he resolved to visit Bordeaux. Arriving in that city, he put up at the Hotel d'Angleterre, which was the rendezvous for all travellers of distinction.

The morning after his arrival, very early, his sleep was broken by a confusion and noise which was going on upon the stairs. It sounded like a crowd of people coming and going, ascending and descending without cessation. Barthez rose in haste, and quietly half opened his door to find out the reason of all this commotion, and to know if they were not patients who wished to consult him; they certainly were patients; but alas! they passed his door as if scorning him, and repaired to an apartment opposite his own, on which was a large placard above the door, bearing the inscription:

“CONSULTATION GRATIS!

MEDICINES ONLY CHARGED FOR.”

Barthez closed his door in confusion; during the whole day and the following one the mob never ceased.

Lucky confrere! said he to himself; he takes them all, and does not leave even the most trifling consultation to a physician who, without doubt, is in no sense his inferior (Barthez had good cause to pay himself the tribute). “Who is this man that is in such vogue?” he inquired of the servants in the hotel; the doctor was only known there by name; his name was Dr. Laurent, and every one repeated it, “It is Dr. Laurent!”

One day Barthez being at the head of the stairs, his unknown confrere emerged from his apartment, muffled in a rich dressing gown and wearing a black velvet cap fringed with gold. He saluted Barthez humbly, who, utterly astonished, suddenly exclaimed: “What, is it you, Laurent?” In fact, it was Laurent, his old servant! “Yes, sir, it is I.”

“But how? Since when? Who the deuce made you a doctor?”

“You, sir; and I owe you my fortune. You remember, without doubt, that when I was in your service I accompanied you everywhere, in your professional visits, and that you employed me to convey your opinions to your numerous patients. Well, I listened to all that you said, read all that you wrote, and with all this and the help of a few good formulæ, that I had stolen from you, I made a science of my own, which you see has produced me something handsome.”

“You astonish me, Laurent; but your success surprises me still more; and I am so much the more astonished that I, who have been here fifteen days,

and whose presence in Bordeaux ought to be known, have not had a patient; while you—,” he added smilingly; “but what kind of a city is this?”

“It does not differ from others, sir, and fools are plentiful here, as everywhere else. Your astonishment, permit me to tell you, does not become a man of talent like yourself. Answer me: How many sensible people do you suppose there is in a population of 120,000 souls? 500? 1000? 1500? I will grant you 2000. Well, these 2000 are your property; but the remaining 118,000, who are fools, are mine, and you can look to them for nothing; Hence you need not be surprised at my numerous clientele.”

Barthez reddened, said farewell to Laurent, and left Bordeaux the same evening, promising himself, in future, not to have such confidence in his profound wisdom.

This anecdote proves that the supply of quacks will fail the fools, before the supply of fools will fail the quacks.—*Michigan Med. News.*

CHRONIC OVARITIS.—In an article by Dr. Henry Gervis, Obstetric Physician to St. Thomas's Hospital, London, in the *British Medical* of the 3d ult., we have, in the history of a case reported by him, a very succinct narration of the symptoms of chronic ovaritis. The principal one is pain in and radiating from one or the other ovarian region, more or less severe; sometimes dull, sometimes acute, sometimes very acute. At first this pain is occasional only, but apt to be pretty regularly provoked by the occurrence of ovulation, getting worse before the catamenia and lessening afterward. After a time it becomes continuous, but increased by standing or walking; especially is this the case if the ovary be prolapsed or congested; and if it be the left ovary which is affected it is apt to be aggravated before and during action of the bowels. So great is the pain under the latter circumstances that the patient will sometimes defer defecation for one or two weeks, and in one of Dr. Gervis's cases even three weeks were allowed to pass through dread of the pain. In the early stages of ovaritis there is a tendency to menorrhagia, but later on, owing to changes in the tissue, the flow usually becomes scanty and is accompanied by pain (dysmenorrhœa). The pain on pressure over the ovary is of a sickening nature, resembling, indeed, the pain caused by pressure on an inflamed testicle. Among the constitutional symptoms the chief are neurotic disturbances and nervous irritability, the result of nerve exhaustion.

As regards treatment, it must be remembered that uterine trouble usually precedes the ovarian, and the

former must be rectified before the latter, *per se*, can be benefited. The bowels must be maintained in a soluble condition, and much benefit will be derived from injections twice daily of hot water (100° to 110°) and the introduction of pledgets of cotton saturated with glycerine high up in the vagina. All pressure from the clothes must be guarded against, as must also all pressure from accumulation of flatus. Rest in the recumbent posture, within the limits of physiological necessities, must be enjoined, the hips being raised by a pillow. The iodide of potassium for its effect on the inflamed tissue, the bromides of potassium and ammonium for the nervous disturbances.

The local treatment includes the use of iodine or small blisters to the inguinal region, or sedative liniments, such as the liniments of aconite, belladonna, or chloroform. Hot sitz baths, douches, 105° – 110° ; mercurial vaginal suppositories where it appears possible to promote absorption of exudations, or lessen ovarian congestion; and when the ovary is prolapsed, the introduction of an elastic ring pessary, which supports at once uterus and ovary, often so taking off the dragging and bearing down sensations of which the patient complains, and markedly relieving the dyspareunia so frequently present. A device that Dr. Gervis has made use of sometimes, and with benefit, has been what has been called the postural method of treatment. By getting the patient to kneel for definite periods of fifteen to thirty minutes, two or three times a day, in the genu-pectoral position, the ovaries, unless fixed, will gravitate out of the pelvis, and so lose some of their congestion. And these approaches to a healthy condition, repeated frequently, lead, it is believed, to the tendency toward health becoming permanent. At all events this position very frequently has the effect of distinctly relieving pain.

One other point worthy of attention is the question of utero-gestation; and the cognate one of the permissibility of conjugal relations in the married. Briefly, sexual excitement being obviously undesirable, intercourse must be within the most restrained limits, when from circumstances, complete abstinence is unattainable. In some stages of ovaritis, while ovulation proceeds, conception is of course possible; and there is also no doubt that gestation has, in many cases, been distinctly beneficial to cases of chronic ovaritis. The explanation being that during gestation the ovaries are having a complete physiological rest; and also that being lifted out of the pelvis by the uterus, as it rises in the abdomen, they are removed from much of the pressure and weight to which, while in the pelvis, they are subjected.

But in spite of all such precautions and treatment, a certain number of these cases drift into the third class, the class in which no remedy short of a nearly persistent narcotism appears to give any relief. The patient is always in pain; pain spoken of by some as a burning, scorching pain; by others as a wearing, unendurable pain; by others as "torture;" a pain from which nothing but the stronger sedative, or hypodermic injections of morphia, or large doses of brandy, give any freedom. For the relief of this class little but surgical treatment remains, apart from the perpetual administration of sedatives.—*Medical Age*.

RAPE DURING HYPNOTIC SLUMBER.—Dr. Ladome, of Neuchatel, publishes, in the *Annales de Hygiene Publique*, a very interesting report upon a medico-legal question. At the close of some entertainments in mesmerism given at his canton, the young people were possessed by a magnetic fever. One of the consequences of this was that a young girl became enceinte, and declared that being alone, Christmas eve, with a young man who was in the habit of magnetizing her, he had violated her after having put her to sleep. The affair was submitted to a Justice, and Dr. Ladome appointed to make a medico-legal report bearing principally upon the following questions:

- (1.) The story of the plaintiff, ought it to be considered as a whole?
- (2.) Could coition take place without her consciousness of the fact at the time?
- (3.) Was her will so paralyzed that she was unable to offer any resistance?
- (4.) Is conception possible in a state of absolute insensibility?

Dr. Ladome remarks that this is a new question in legal medicine, there existing but four cases in medical literature, dating from 1858.

Making observations on the possibility of simulation, M.M. Devergie, Tardieu and Bronardel arrived at the conclusion that a girl could be violated while her will was abolished in a nervous or hypnotic sleep.

Passing in review her story that she was awakened at a certain time, and again put to sleep without being able to resist, Dr. Ladome concludes there is nothing in this contradictory to the phenomena of hypnotic slumber. That coition could have taken place without her knowledge, is not to be doubted, as she could have been rendered absolutely insensible. The third question is more difficult: Was her will so completely paralyzed that she could offer no resistance? It may, however, be answered affirmatively; for in furnishing his subject with an appropriate theme of hallucination, a skilful operator

could, with certain persons, provoke actions *en rapport* with the dream developing in their over-excited imaginations. It would seem then that the operator has really the power to direct according to his inclination the will of the subject, while in reality he directs only an hallucination, but the subject is none the less at his mercy. It remains to know if conception is possible when the woman is in a state of complete insensibility. Every author admits that the sole condition necessary to fecundation, is the meeting of the semen and the ovum in the female.

The magnetizer proved an alibi, and the case was dismissed.—*Obstetric Gazette*.

PROCEEDINGS OF SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.—A stated meeting was held April 5th, 1883, Fordyce Barker, M.D., LL.D., President, in the chair.

Dr. E. L. Keyes read a memoir on the late Dr. William H. Van Buren, after which resolutions upon his death, offered by Dr. Austin Flint, seconded by Dr. L. A. Sayre and Dr. A. C. Post, were unanimously adopted.

Dr. Beverley Robinson then read the scientific paper of the evening, entitled "A Clinical Study of Caffeine and Convallaria Majalis as Cardiac Tonics."

The author first briefly referred to the mode of action of other cardiac stimulants than those which were to receive special consideration in the paper, such as digitalis, ammonia, nux vomica, belladonna, etc. In considering caffeine and convallaria majalis separately, their physiological and therapeutical action as recorded in recent medical literature was reviewed, and the author then gave the clinical history of a number of cases under his own observation, with conclusions drawn therefrom respecting the value of these two drugs as cardiac tonics. As compared with digitalis, the chief of all cardiac stimulants, caffeine possessed certain advantages, as follows: First, it had not the tendency to accumulate in the economy, and hence to occasion poisonous effects; second, it acted with greater rapidity than digitalis, and in certain cases of asystole, where life was in immediate danger, this fact might prove one of great value; third, it rarely disagreed with the stomach, or caused symptoms of dyspepsia. Its disadvantage was that in certain instances it stimulated the brain and caused wakefulness. To be effective, caffeine must be given in relatively large doses from the beginning. In order to show any

elective action, six grains a day was required, and the quantity might be increased up to twenty and even to thirty-five grains a day under exceptional circumstances. The ordinary preparations of the drug were not suitable for hypodermic use.

The conclusions with regard to the action of convallaria were drawn from detailed clinical notes of fourteen cases in which the drug was administered, and were as follows: First, that in it we have an efficient cardiac tonic; second, that its direct effects were less marked than those of caffeine; third, that when the medicine was rejected by the stomach it was probably due to renal disease; fourth, cumulative effects did not occur, at least during its use for ten days or more; fifth, that digitalis was the more efficient diuretic in dropsical affections.

DISCUSSION.

The paper being open for discussion, the President said there was one point, by way of inquiry, to which he would like to call the attention of the author and those present, which had been suggested by the following cases. The first case was that of a gentleman whom he was called to see at one of our hotels five or six weeks ago. He was a man of wealth, and had been actively engaged in business until a few weeks before, when his health began to fail without notable active disease, except general failure of nerve-power, and loss of appetite and strength. He had consulted several eminent physicians in neighboring cities. While here he had an attack of extreme weakness, shortness of breath, a feeling of impending suffocation, and of too great heart-action, although the heart-power in fact was not increased. The complexion was ashy, and the patient was anxious and restless. Physical examination revealed no evidence of disease of the heart or lungs. The urine had been examined by competent men, and no sign of renal disease had been found. He had sustained a strong moral shock from a family affliction. The fluid extract of convallaria, six drops every three hours, was given. That evening he felt much better, and the next day he said he was better than he had been for two months. At his second visit Dr. Barker found him much improved; the breathing was easier, and he was much more cheerful. Two weeks afterward, the patient having returned home, a letter was received from his physician, asking what had been prescribed, as the medicine had all been used, and the patient desired to have it renewed, as he had already received so much benefit from it.

The second case was that of a widow of a prominent physician, who had suffered from a severe

attack of bronchitis, accompanied by violent cough. The bronchitis had subsided, but was followed by great nervous prostration and apprehension. She complained of difficulty in breathing, and appeared pale and nervous. The action of the heart was not characterized by great feebleness, nor was it much quickened, although she complained of palpitation. In her case the convallaria seemed to effect a greater change in her whole condition within two days than he had ever seen from any medicine under similar circumstances.

The question which had suggested itself to him was whether a part of the influence which had been ascribed to convallaria as a cardiac tonic was not due to its action as a vaso-motor stimulant.

Dr. Kinnicutt said that he had continued observations upon the effects of convallaria, begun by Dr. Robinson, in the St. Luke's Hospital, and in most respects the results which he had obtained from the drug coincided with those obtained by the author of the paper. He could not speak positively with regard to its having a weak diuretic power. It seemed to him that further experimental observation was needed in order to determine accurately the *modus operandi* of the drug. Dr. Ott's experiments would seem to demonstrate that the slowing of the heart's action which had been observed was not dependent upon an excitation of the cardio-inhibitory apparatus, and yet he, as well as certain foreign observers, had obtained marked benefit from convallaria in cases of palpitation dependent upon the vagus.

Dr. A. A. Smith had used convallaria in a large number of cases, and his experience, as far as the diuretic power of the drug was concerned, was in accordance with that expressed by Dr. Robinson. He had used it in cardiac affections, and, from what had been reported with regard to its physiological action, he was not disappointed that it had not done well in some cases. It had seemed to him that in cases of cardiac hypertrophy it was not indicated, and yet he had used it as it had been recommended for the dyspnoea which sometimes occurred in such cases, and also in cases of chronic renal disease accompanied by such a condition of the heart; and he had found, as he had expected to find from the physiological action of the drug, that the symptoms were aggravated. In many cases of cardiac dilatation with dyspnoea it seemed to answer a very good purpose, but he was not yet prepared to give up digitalis and use convallaria. He believed, however, that in properly-selected cases convallaria would produce better results than digitalis. He would be very glad to give a good guide by which it could be

selected in preference, but he did not yet feel prepared to do so. He could not accept Ott's views with regard to the action of the drug upon the pneumo-gastric.

It had occurred to him that good results might be obtained from convallaria in pulmonary oedema, particularly in connection with pneumonia, and, having become dissatisfied with the results of the ordinary treatment with digitalis and whiskey, and the application of dry cups, in February last, in his service in Bellevue Hospital, three well-marked cases of pneumonia attended with pulmonary oedema were treated by hypodermic injections of ten minims of the fluid extract of the root of convallaria in connection with one two-hundredth of a grain of sulphate of atropin, and in each case most marked relief followed, and all the patients recovered. In a fourth case, in which there was also renal disease, the patient died. It was to be regretted that the convallaria had not been employed singly, as he had before obtained good results from the hypodermic injection of atropin alone in such cases. The benefit from the two drugs combined, however, was greater. He did not believe that convallaria acted as a direct respiratory stimulant, as did balladonna or strychnia; that what effect it might have upon the respiratory system was probably indirect, by its influence upon the circulatory system, unloading the congested organs, and perhaps increasing the quantity of blood to the medulla oblongata.

Dr. Robinson, in closing the discussion, said, with regard to the question raised by the President, that he had not observed any clinical facts which had suggested the probability that in convallaria we had a stimulant of the vaso-motor nervous system especially.

REVIEWS.

THE UNTOWARD EFFECTS OF DRUGS.—A Pharmacological and Clinical Manual. By Dr. L. Levin, Docent of Materia Medica, Hygiene, and Public Health, in the University of Berlin. Second edition, revised and enlarged. Translated by J. J. Mulheron, M.D., Professor of Principles of Medicine, Materia Medica, and Therapeutics, in the Michigan College of Medicine. Detroit: Geo. S. Davis, 1883. 8vo, pp. 220. Price \$2.

The effects of medicines are of course determined clinically and experimentally, and the general results are accepted as the normal action of the medicinal agent presented. Occasionally the effect of various medicines is materially different from that accepted

as the rule, and the physician is puzzled and at a loss to understand the reason. The author of this work has collected very many examples of "the untoward effects of drugs", and has embodied the results of his labors in this volume. It is a most interesting book, and one which every physician will read with pleasure.

The translation is well done, and the work is well issued. It deserves the fullest success.

HOW TO EXAMINE THE CHEST: A Practical Guide for the Use of Students. By SAMUEL WEST, M.D. Oxon., M.R.C.P. Illustrated. 12mo, 200 pages. P. Blakiston, Son & Co. Cloth, \$1.75.—*Medical Register*.

This little manual answers in a pleasant and intelligible manner the apparent question of its title, "How to examine the chest." It is a difficult subject to learn, still more difficult to teach properly, and an herculean task to write about intelligently, that others may understand the methods employed, and recognize the different symptoms when presented. The average student is mystified with the different *râles* and sounds, and we venture to say that a large majority of physicians cannot distinguish the *tympanitic resonance* from the *cracked-pot-sound*, or the *pericardial friction* from the *purring tremor*, and draw therefrom the correct conclusions regarding diagnosis and treatment. With the help, however, of "Polyclinics," "Post-graduate Courses," and handbooks like this, there remains but little excuse for this ignorance. Though not by any means as exhaustive a treatise as some books claim to be, the rules for auscultation and percussion, and for the measurements of the chest, the landmarks for tracing the position of the different organs, the methods of making examinations and recognizing the symptoms, are very clearly stated. The arrangement of the types is a particular feature, and the illustrations, of which we find over forty, show at sight what pages of text would fail to convey to the mind. After treatment of the subjects of the lungs and heart, short sections are given to the pulse, including the use of the sphygmograph, and to the mediastinum.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. By DR. GEO. B. WOOD and DR. FRANKLIN BACHE. Fifteenth Edition. Rearranged, thoroughly revised and largely rewritten, with illustrations. By H. C. WOOD, M.D., JOSEPH P. REMINGTON, Ph.D., and SAMUEL P. SADTLER, Ph.D., S.C.S. Octavo, 1928 pages. J. B. Lippincott & Co. Leather. \$8.—*Ibid*.

To give anything more than a passing notice of a work containing, as this does, about fourteen hun-

dred thousand words, it would necessitate an article for which no journal but a quarterly could give space. What in the old edition formed the first and second parts have been rearranged and now makes Part I. Part III. of the old is Part II. here, and is in smaller type than the main body of the book. The three editors have each had the supervision of a special department. The sections on the medical properties and uses of the drugs, as well as those on botany and materia medica, which, on account of the rapid advances made in therapeutics during the past few years, were sadly in need of revision, claimed the attention of Dr. Wood, and were for the most part rewritten. The theoretical chemistry, which, since the death of Dr. Bache in 1864, has been to some extent neglected, has been brought up in a masterly manner by Prof. Sadtler, while Mr. Remington has given his care to the practical pharmacy and pharmaceutical chemistry, testing each formula, and accepting nothing till thoroughly proved. Among the novel features will be found a list of analyses of all the mineral springs of the United States and many of Europe. A new system of pronunciation has been adopted, and the measure is indicated in both parts and apothecaries' measure (for example, *one hundred parts*, in italics, and its equivalent [sixteen ounces, av.] in brackets). This allows of either system being used, and is a peculiar advantage this has over similar books. As a work of constant reference for the pharmacist, to whom it must be indispensable, it is far ahead of every other, not excepting the Pharmacopœia.

PROPOSED ORDINANCE AND RULES AND REGULATIONS FOR REGULATING THE PLUMBING, HOUSE DRAINAGE, REGISTRATION AND LICENSING OF PLUMBERS IN THE CITY OF PHILADELPHIA, as Reported by the Committee of 21. 12mo, 15 pages. P. Blakiston, Son & Co. Paper covers, 10 cents.—*Medical Register*.

This pamphlet, as its title implies, is the work of a committee acting with the sub-Committee on Surveys of the City Councils of Philadelphia. The committee was composed of twenty-one members, seven plumbers, seven architects, and seven physicians and citizens. Each section had several meetings, when individual opinions and suggestions were received and discussed, and afterward presented at the meetings of the committee, to be again discussed.

The conclusions arrived at, as here presented, are, then, the mature judgments of specialists, and deserve the attention of all thinking people, whether or not they are adopted and made laws by the City Councils. In the constructing or altering of a house

the question of drainage, too often overlooked by the owner and left to the tender mercies of the *practical* plumber, sometimes assumes, as it should, a prominent position, and the builder has much trouble in obtaining correct information about the proper materials, pipes and traps, to be used. This pamphlet will make him an excellent hand-book; it should be in the hands of not only ever builder and plumber, but every householder should carefully study its recommendations and rely on its advice, as being unbiassed by any personal interests.

PATHOLOGICAL ANATOMY, PATHOLOGY AND PHYSICAL DIAGNOSIS: A Series of Clinical Reports comprising the principal Diseases of the Human Body, systematically arranged in One Hundred Full-page Illustrations, and one hundred pages Text. By J. A. JEANCON, M.D. Quarto. In Twenty-five Parts. Part I. Four Colored Plates. Progress Publishing Co. Price per part, \$1.—*Ibid.*

This work will consist of records of cases in hospital and private practice, as are typical of various pathological conditions, illustrated by a series of colored plates, drawn from nature, under the immediate supervision of one of the author's reporters. The first part includes four plates on Diseases of the Cerebro-spinal Axis. No. 1, consisting of eight figures, of cerebral arachnitis. No. 2, four figures, of tumors of the dura mater. No. 3, six figures, of tumors of the *faix cerebri*, and No. 4, one figure, of cerebral meningitis and one of inflammation of sinus. The coloring is very well done, the reports of the cases complete, and the general and special pathology up to the latest teachings. When completed the book will make one of the finest atlases published.

MISCELLANEOUS.

TREATMENT OF COUGH AND EXPECTORATION.—Notwithstanding that the above symptoms occur with almost monotonous frequency among our patients, the treatment of the conditions producing them is still in a most unsatisfactory state. Most of the remedies used are of a purely empirical character, which, from our ignorance of the *rationale* of their action, must be employed in a more or less haphazard fashion. Even those remedies of whose chemical action we know something, are simply supposed, on extremely imperfect grounds, to have certain analogous physiological actions. We are, therefore, glad to welcome the results of certain careful observations and experiments by the accomplished Professor of

Materia Medica and Pharmacology at the University of Würzburg.

Before entering on these, Dr. Rossbach discusses shortly the commonly recognized expectorants (*Berlin. Klin. Wochenschr.*, 1882, Nos. 19, 20), such as warm decoctions, alkalies, emetics, balsamic, aromatic, and astringent drugs, narcotics, and substances of a sharp irritating character, like vinegar, or of an indifferent character, like steam. Of the directly observed effect of these remedies on the mucous membrane, there is no record, Dr. Rossbach says, in German literature; and we do not remember having seen any in English literature. Through a wide opening in the trachea, Dr. Rossbach observes directly the effect of medicines either taken internally or applied locally, while at the same time he has beside him an undrugged animal for the purpose of comparison; this last being, we should say, a most important point, as even simple tracheotomy may cause considerable changes in the mucous membrane of the trachea.

Dr. Rossbach first directed his attention to the effect of alkalies on the mucous secretion; the preparations used being, internally, sodic carbonate and ammoniac chloride; locally, solution of sodic carbonate and liquor ammoniac. A dose of thirty grains of sodic carbonate, or fifteen grains of ammoniac chloride, injected directly into a cat's femoral vein, produced substantially the same effects, and these effects were somewhat unexpected. The usual theory of the effect of alkalies is, that they render the mucous more soluble, and hence more easily expectorated. The changes observed by Dr. Rossbach were a gradually increasing pallor and grayish white appearance of the mucous membrane, and ultimately, a complete cessation of the mucous secretion. While the mucous membrane of the normal animal, after being dried with blotting-paper, became moist again in two minutes, that of the drugged animal showed no trace of mucus till ten minutes; and, if this small quantity were dried off, no more appeared. What the cause of this cessation is, Dr. Rossbach does not say, but it cannot be the anæmia, as the secretion continues unaltered in much higher grades of anæmia from nerve-stimulation. The diminution of the blood-supply and mucous secretion of the bronchial membrane, evidently tend toward an actual cure of the pathological conditions usually involved. Solutions of one to two per cent of sodic carbonate applied locally seemed to produce no effect; but even very weak dilutions of liquor ammoniac caused a marked injection of the mucous membrane, with distinctly increased secretion. The local application of a weak solution of acetic acid produced the

same effect as liquor ammoniæ; and Dr. Rossbach, both from his experiments and observations, is strongly opposed to the use of this drug in throat-affections.

The astringent remedies observed were tannin, alum, and nitrate of silver. Local application of the former two caused the surface to become pale, the opaque epithelium, however, preventing the condition of the blood-vessels from being observed. The secretion was completely abolished, the surface being dry and shining. These facts were still more markedly true of solution of nitrate of silver, which produced a sharply limited patch of chalky white color, over which the mucous secretion was entirely absent. Dr. Rossbach is inclined to believe that the vessels are really contracted, and from a long experience he strongly recommends the local application of solution of nitrate of silver in all cases of inflammation of the mucous membrane, more especially when accompanied with pain, feeling of dryness, etc.

The local effect of oil of turpentine on the mucous membrane was somewhat perplexing, as, when sprayed directly on a spot, it caused dryness of the mucous membrane, while a two per cent solution dropped on a spot caused an increased mucous secretion, notwithstanding that there was a diminution of vascularity. Dr. Rossbach strongly recommends oil of turpentine, both internally and locally, in cases of chronic bronchial catarrh, more especially with putrid expectoration. He believes that it has not only an antiseptic, but also a refrigerant and narcotic effect.

The action of apomorphia, emetine, and pilocarpine was observed both in large and in small doses. With all three, but more especially with the last, there was a very great increase of the mucous secretion in the larynx, trachea, and bronchi, the mucous glands becoming so large as to cause projections on the surface. This effect Dr. Rossbach proves to result from a direct action of the drug on the gland itself, the circulation of the blood being quite unaffected. The subsidiary effects of pilocarpine render it unsuitable as a practical expectorant; but apomorphia Dr. Rossbach considers to be the prototype of all expectorants, giving in his hands most excellent results. He administers it as hydrochlorate of apomorphia in doses of one-fifteenth to one-seventh of a grain thrice daily, with a little dilute hydrochloric acid, the mixture being kept in a dark bottle and containing no sugar.

Lastly, Dr. Rossbach gives the results of his experiments with atropia and morphia. Atropia produces extreme dryness of the tracheal mucous membrane, accompanied by a gradually increasing hyper-

æmia. Its effect in deadening the irritability of the membrane is, he finds, very uncertain; while, on the other hand, the effect of morphia, both in diminishing the secretion and lessening irritability, is constant. Another advantage possessed by morphia is that the diminution of the secretion is never so great as to be followed by inflammation, which, he asserts, is frequently the case with atropia. A combination of morphia and apomorphia he has found extremely useful in cases of difficult expectoration, while a combination of morphia and atropia has given excellent results in cases of chronic catarrh, emphysema, and phthisis. Electrical stimulation of the superior laryngeal nerve causes distinct contraction of the blood-vessels, justifying, therefore, Ziemssen's recommendation of percutaneous electrization of the larynx in cases of obstinate chronic inflammation.

HOW TO BREATHE IN READING.—M. Legouvé tells the anecdote of Talma watching the actor Dorival from the prompter's box until he had discovered his secret, which consisted in always taking a fresh breath before the last one was quite exhausted, and in doing his best to conceal the beginning of each phrase by starting whenever he could on an *a*, an *e*, or an *o*—"that is to say, at the point where the fact of the mouth being already open makes it possible to take breath lightly, without the action being perceived." Again, Delle Sedie, the celebrated singer, could run up and down the scale in front of a lighted candle without the flame wavering. "How is this done? It is because he employs exactly the quantity of breath needed to carry the sound of the notes. If you or I were to try it we should simply waste our breath." In the chapter on "Pronunciation" M. Legouvé insists, and the point can hardly be too much pressed, on the value, the absolute need in fact, of clear articulation as opposed to mere exertion of voice. This he illustrates by a story of Bouffé when he was playing Père Grandet in the "Fille de l'Avare." "When he came to the most touching scene of the piece, when the old miser finds that he is robbed, the actor began to scream out the words as he was accustomed to. At the end of a few minutes the sound died away on his lips, and he was compelled to continue in a murmur. What happened? That he was a thousand times more true and more touching than before, because he was obliged to make up for weakness of voice by force of articulation. It is true that one cannot speak without a voice, but voice alone has so little to do with diction, that there are readers, orators, and actors to whom the very extent of their voice is a drawback. Unless they are skilled in articula-

tion, the volume of sound devours the sense."—*The Saturday Review*.

AMERICAN NEWSPAPERS IN 1883.—From the new edition of Messrs. Geo. P. Rowell & Co.'s "American Newspaper Directory," which is now in press, it appears that the newspapers and periodicals of all kinds issued in the United States and Territories now reach the imposing total of 11,196. This is an increase of 585 in twelve months. Taking the States one by one, the newspaper growth in some is very considerable. The present total in New York State, for instance, is 1399—a gain of 80 in the past year. The increase in Pennsylvania is 48, the existing number being 943. Nebraska's total grew from 169 to 201, and Illinois' from 890 to 904. A year ago Massachusetts had 420 papers; now the number is 438. In Texas the new papers outnumbered the suspensions by 8, and Ohio now has 738 papers instead of 692. The most remarkable change has occurred in the Territories, in which the daily papers have grown from 43 to 63, and the weeklies from 169 to 243—Dakota being the chief area of activity. The number of monthlies throughout the country grew from 976 to 1034, while the dailies leaped from 996 to 1062. The figures given above are exclusive of Canada, which possesses a total of 606. It is interesting to note that the newly-settled regions of the Canadian North-west are productive of newspapers as well as of wheat, for the number of journals issued in Manitoba was nearly doubled during the year.

THE Board of Health has now assumed the duties imposed upon it by the act to prevent baby farming, which has recently become a law of this State, and which places the matter of issuing licenses in its hands. Mr. Elbridge T. Gerry, president of the Society for the Prevention of Cruelty to Children, at the instance of which the act was passed, has written to President Chandler to request in its behalf that the board before granting any applications for licenses should advise the society, in order that proper information in regard to the parties so applying may be furnished. He also expresses the willingness of the society to coöperate with the Board of Health in the enforcement of the law when any violations of the licenses granted may occur.

THE HIGHER EDUCATION OF WOMEN.—There has been a serious attempt to secure the co-operation of Columbia College, in this city, for the purpose of establishing a higher education course of women. The trustees do not seem to have acted in good faith, so far as giving their influence to the movement. They content themselves with declaring that co-education is inexpedient, and that the college is too poor

to give a separate course. They declare, however, their willingness to prescribe a course of home or outside study; of examining all who prosecute it, and of establishing a series of honors, etc., to be conferred on those who excel. A committee has been appointed to arrange this course, but, as the chairman, the Rev. Dr. Dix, is opposed to the whole movement, it is probable that babies recently born may see a few females who hold the diploma of "Columbia."

It is exceedingly improbable that there are many females who are really anxious to pursue thoroughly a higher course of study, but there may be a few, and if so, every fair person should be willing to give them the very best opportunities.

The whole matter is rather a dream than a determination on the part of women, and Sidney Smith was very right when he said that there "is not a woman living who does not prefer a baby to a quadratic equation."

INTESTINAL OBSTRUCTION CURED BY CAPILLARY ENTERO-PUNCTURE.—Dr. Giulio Dozzi (*Gazz. Med. Ital. Prov. Venete*, Sept. 23d, 1882) relates the case of an old woman, aged seventy, who, after eating a large quantity of watermelon and swallowing the seeds, suffered from obstruction of the bowels. Purgatives and injections had been tried with no relief. The meteorism was enormous. He determined to try entero-puncture, using trocar No. 2 of Dieulafoy's aspirator. Four punctures were made, two in the right iliac region, the third in the left upper fourth, and the fourth in the left lower fourth. From three punctures issued an immense quantity of gas; from the fourth no gas, the trocar being plugged with fecal matter. A dose of oil given the same evening procured four copious evacuations, and the patient made a good recovery. One of the punctures gave rise to a small abscess. In this case peristaltic action was evidently prevented by the enormous quantity of gas, arising from the decomposition of the retained feces.—*London Medical Record*.

DR. HENRY M. WILBUR, Superintendent of the State Idiot Asylum at Syracuse since its foundation, died suddenly at the asylum May 1st, aged 63 years. He was a native of Welden, Mass., and was the pioneer educator of idiots in this country. He established the first asylum in his own house in 1848. He took charge of an experimental station at Albany in 1851 and of the State institution in Syracuse three years later. He was a graduate of Amherst College, and a physician in his early life.

BURIAL.—There can, we think, be no question that the practice of burial, in the ordinary sense, must survive the impracticable device of cremation. Burning the dead is a simply revolting and socially unsafe procedure. It offends the feeling of human respect, and it would open the way for the commission of the worst crimes. Murder by poison would, in fact, be a perfectly facile way of "removing" enemies or victims if cremation were legalized. The law cannot sanction this mode of disposal of the dead, and, obviously, no man should allow the body of a friend or relative to be cremated, unless the law of the land in which he lives and the State of which he is a subject permits the practice.—*Lancet*.

MEDICAL NEWS.

SIR T. SPENCER WELLS, BART.—This mark of favor which has been conferred upon Mr. Spencer Wells has long been anticipated, and will certainly be most warmly approved by the universal voice of the profession.

A DOCTOR WITHOUT A LICENSE.—Dr. O. C. Gage, who was arrested at Dover, N. H., for practising medicine without a license from a New Hampshire medical society, has been discharged without costs. The defendant showed that a license was refused him only because he advertised in papers and did an itinerant business!

THE GROSS PROFESSORSHIP OF PATHOLOGICAL ANATOMY.—The Alumni Association of the Jefferson Medical College, of Philadelphia, has taken measures to found a professorship of pathological anatomy in the college, to be named in honor of the venerable Professor, Samuel D. Gross.

FORBIDDING THE SALE OF TOBACCO TO BOYS.—The New Jersey State Legislature has passed a law forbidding any person, knowingly, to sell cigarettes or tobacco in any form to any minor under sixteen years of age.

BRITISH MEDICAL ASSOCIATION.—The fifty-first annual meeting of the British Medical Association is to be held in Liverpool on July 31st next and the three following days. Dr. A. T. H. Waters is the President elect.

CONTAGIOUS DISEASES ACTS.—In the House of Commons, on Friday, April 20th, Mr. Stansfeld

moved: "That this House disapproves of the compulsory examination of women under the Contagious Diseases Acts;" and the motion was carried by 182 votes against 110, a majority of 72. This is in direct opposition to the recommendation of the Select Committee of the House, which sat for three sessions, and reported in August last.

ORDERS have been received at Chatham, Plymouth, and Portsmouth to the effect that the police who have been engaged in carrying out the Contagious Diseases Acts there are to cease operations. The matter was discussed at the latest weekly meeting of the Medway Board of Guardians, when a resolution was unanimously passed, and a copy of it ordered to be forwarded to the Home Secretary, expressing regret at the steps taken by the authorities, as the Acts had been the means of doing a great deal of good.

BABY FARMING.—A law lately passed by the Legislature of the State of New York requires persons who board infants to take out a license, and to be subject to inspection by the officers of societies for the prevention of cruelty to children. The power to grant licenses, which are revocable, is given to the mayor and the Board of Health. Incorporated institutions are excepted from the operation of the law.

It is announced that the publication of a quarterly journal of medical jurisprudence will soon be begun in New York. Although the expense of the venture is to be borne by a corporation to be organized for the purpose, the Medico-Legal Society has promised substantial encouragement to the scheme by subscribing for one hundred copies for exchange purposes, stipulating in return that its members shall have the benefit of a reduced rate on individual subscriptions.

THE NEW PROFESSOR OF SURGERY IN BELLEVUE HOSPITAL MEDICAL COLLEGE.—It will be readily believed that, since the resignation of his chair, in December last, by the lamented Van Buren, the question of his successor has been one of the first interest in New York. This honor has fallen on Dr. F. S. Dennis. Though Professor Dennis should think himself fortunate in being elected at a comparatively early age to succeed such a man in such a chair, he will justify his election. Professor Dennis is, as Van Buren was, a graduate of Yale College. He was a favorite pupil, and at one time an assistant, of Dr. James R. Wood. He was two years in Bellevue Hospital, and in the year of his graduation took the first prize and gained the highest mark in the competitive examination. Dr. Dennis was not

content with learning the surgery of his own country, but studied for two years under Langenbeck, and enjoyed very intimate and pleasant relations with the illustrious surgeon of Berlin. Dr. Dennis spent some time in studying surgery in London, and became a member of the English College of Surgeons. For the last few years Dr. Dennis has been on the staff of Bellevue Hospital, and has done good work as a teacher of anatomy and surgery.

CHICKEN PARASITIC DISEASE.—Dr. Thomas Taylor, microscopist of the department of agriculture, on dissecting a chicken, found that the lungs, the bronchi, and pleuræ and peritoneum were covered more or less thickly with a mite. It was found to be in all respects identical with *Cytoteichus sarcopoides*. This parasite is known in Europe to inhabit the air passages of gallinaceous birds, giving the transparent and membranous linings of these passages the appearance of goldbeater's skin speckled with flour. It is likewise found in the bronchial tubes and their divisions, and even in the bones with which the air-sacs communicate.

HEROIC TREATMENT OF MENINGITIS.—A Kaufman county (Texas) physician believes in treating meningitis heroically. He saturated paper with turpentine, applied it to the back of the patient's neck, and set it on fire. The patient was fearfully burned, but was cured. This is a somewhat severe method of using a moxa.

BEEF, LEFT AFTER MAKING BEEF-TEA, AS A FOOD.—Large quantities of beef are used to make beef-tea in the London hospitals. The beef left after the tea is made is a stringy, indigestible substance, and has, until recently, been sold at a low rate to feed pigs. But the vicar of the village of High Roding, in Essex, writes to *The Guardian* saying that the laborers in that district think it delicious, and are anxious to obtain it. He has made arrangements to have the meat sent from the London hospitals to feed these poor creatures, who would otherwise scarcely ever taste meat.

PROFIT AND LOSS.—An Ithaca (N. Y.) man ate seven dozen oysters in a stated time, and won \$10. A physician visited him several times afterward, and charged him \$20.

INSANE ELEPHANTS.—The gigantic elephant of the Schönbrunn Imperial Menagerie near Vienna, recently became insane and was poisoned. Fifty grammes of prussic acid were administered, which killed him in less than eight minutes.

MYELITIS FROM ROPE SKIPPING.—An Oswego (N. Y.) little girl skipped the rope three hundred times in succession, April 2d, and has been sick abed ever since from concussion myelitis of an acute type.

DANGEROUS IGNORANCE OF AN IRREGULAR PRACTITIONER.—At Brainerd, Minnesota, it was found that a man living in a thickly populated part of the city, had been ill with small-pox. An irregular practitioner named Chamberlain had been attending him without suspicion of the disease, and making his regular rounds. The neighbors had also been visiting the sick family.

DR. ZIEGLER, the eminent Swiss cartographer, whose death has just been announced, was born in 1801, and was a pupil of Carl Ritter, the creator of modern geography.

EDITORIAL.

BUFFALO LITHIA SPRINGS.—Of course every physician knows, or ought to know, that the medicinal elements in "natural" mineral waters produce effects which cannot be fully secured if these medicines are combined artificially. Whether this be due to the fact that the combination is more subtle and complete, when effected in nature's laboratory, or whether (as is more probable) these "natural" waters contain, besides the elements given in every table of analysis, medicinal forces which analytical chemistry is, as yet, incompetent to reveal, no one can, at present, decide or prove; the fact, however, remains, that the combination of medicinal forces in "natural" water produces effects which cannot be secured when the same ingredients are artificially brought into solution.

When it is known that chemistry has discovered, even in the past half century, many metals whose medicinal salts are now readily detected in mineral waters, and when it is remembered that previous to such discoveries these new salts existed in mineral waters, but were not exposed by analytical chemistry, because their very existence was chemically unknown, it is certainly very probable, that the reason why medicinal forces "naturally" blended in waters are so far superior in effect to these forces when blended by the hand of man is, that chemistry, as yet, is unable to reveal all of the medicinal agencies in "natural" waters, and is, consequently, unable to fully imitate them. So it has, at least de-

monstrably, been in the past ; so it is at present ; so most probably it will be for many decades yet to come.

Under such circumstances, and in the presence of such facts, it is an error to suppose that the entire effects of "natural" spring waters can be secured by taking the component elements (so far as is now known) of these waters, and bringing them artificially into solution. The solution is not as subtle and complete, and these "natural" waters certainly contain medicinal forces and elements of which modern chemists, as yet, know nothing. To deny this fact is to expose an ignorance of the many chemical discoveries of the recent past ; and certainly no one but a fatuous enthusiast or an imbecile would assert that the record of chemical discovery is now complete, and that no farther additions of medicinal forces will in future be made.

If one examines the analysis of the Buffalo lithia waters, he sees nothing which cannot be brought into solution in the laboratory. These waters are rich in sulphate of lime, carbonate of potash, bicarbonate of lithia, and bicarbonate of lime, with baryta and a large amount of chloride of sodium ; but no one who knows the primer lessons of medicine would expect to get from these ingredients, artificially combined in water, the familiar and marvellous results which are produced by the Buffalo lithia waters. Art cannot produce any solution which will give the same beneficent effects. There are latent forces peculiar to these waters which modern chemistry is incompetent to produce. There is, therefore, some specific virtue in the water, as there is in almost every "natural" water, whose history places on record a long series of marvellous cures.

As to testimonials, it is useless to say anything in regard to them. In the present days, so many give testimonials to advertise the article sold, or to advertise themselves, and so few give them for the benefit of the Public, that physicians have naturally become unwilling to be thus influenced. The only influential power is a record of facts. When one, wholly disinterested, therefore, knows that very many sufferers from chronic diseases are either cured, or are very materially and permanently benefited, by the use of any "natural" water, testimonials become, as they are rapidly becoming, utterly and absolutely worthless.

The best results of the Buffalo lithia waters are afforded in gout, Bright's disease, the uric acid diathesis, disorders of digestion, liver troubles, malarial troubles, and blood impoverishment, with nervous complications.

The reader is advised to send to the Proprietor

(Thomas F. Goode, Buffalo Lithia Springs, Mecklenburg Co., Virginia) for a copy of his most recent publications in regard to these waters.

The province of a journal is chiefly to try and give useful information to its readers, and for this purpose these lines are written. As, in an experience of nearly twenty years, the editor has always refused every advertisement given with the expectation of a single line in the editorial department, and has refused throughout that period to publish one word editorially for reward of any kind, direct or indirect, it is useless to say that what is here given in regard to the effects of the Buffalo lithia waters, is given in the interests of the profession and of the invalid Public whom that profession is called upon to relieve.

It is hoped that the proprietor of these celebrated waters may, as a result, reap a well-deserved and just reward.

LEGAL STATUS OF UNLICENSED PRACTITIONERS.—*The New York Medical Journal* gives the following resumé of interest in this connection. The courts of the various States differ in their decisions as to the right of a physician to recover for the value of his services when he is not a graduate of a medical college. In Maine, where such a person cannot sue his patient, the curious question recently arose in a court, whether a physician who had been injured in an accident by the gross negligence of a third party could allege, as an element of damage, the loss to his practice by his enforced idleness. The defendant maintained that the physician, not being a graduate of a medical college, could not recover for the value of his services, and, consequently, could not set up any loss of time, etc., in the action for negligence. The court, however, decided that such loss of time, etc., must be considered in giving a verdict, as by the Maine law, though the physician had not received a degree or license, still he was not pursuing a business in violation of law. In New York, where it is against the law for a person to practise medicine without a diploma granted by a medical college, such a person can, nevertheless, recover for his services, if a jury believes them to have been of any value, the penalty for practising in an irregular manner being fine and imprisonment, and not an inability to sue for services. It would seem, therefore, that where the facts were similar to those in the Maine case a person in this State could recover for an injury, although the ground of recovery would be different in the two States. A recent Illinois decision, in the case of a woman who sued Chicago for damage, and

who was attended by two regular practitioners, who were too high toned to comply with the medical practice act, was to the effect that neither of them, nor any one else who came within the provisions of the act and had failed to comply with its requirements, could maintain any action for fees and services as a physician or surgeon. It mattered not what private views might be entertained as to the actual motives dictating the passage of that act, the courts were bound to assume that the statute had in view the protection of the public health and morals, as well as the prevention of fraud and imposition, and when those objects were considered, in connection with the peculiar provisions of the act, it would have to be held, on principles recognized in analogous cases, that a physician who was shown not to have been practising as such in the State for a period of ten years before the statute took effect, must, in order to recover for his fees or services as a physician or surgeon, show that he was qualified to practise as required by the statute. According to this, the latest decision on the subject in Illinois, no unqualified practitioner can recover for the value of his services.

THE DEATH OF MRS. GEORGE F. SHRADY.—The medical profession and the general Public will hear with sincere regret of the death of the wife of Dr. George F. Shradly, so well known, not only as a surgeon and pathologist, but as the editor of the *New York Medical Record*. Mrs. Shradly died of heart disease, and is a great loss to all who had the pleasure of knowing her. To her husband such a loss is irreparable, and he has the sincerest sympathy of the profession.

THE NEW YORK MEDICAL JOURNAL, of May 26th, republishes an editorial criticism of GAILLARD'S MEDICAL JOURNAL, in regard to the advocates of the "New Code," who while claiming the most exalted motives for their action, yet shun the publishing of their names, as this might and would reduce the number of patients sent to them from other States. *The New York Medical Journal* adds that it appears to be inconsistent in GAILLARD'S MEDICAL JOURNAL to thus criticise harshly the advocates of the "New Code," and yet publish the appeal of these gentlemen in defence of their principles.

Surely this is only the fair play proper in every journal which is not a blind partisan in its action and views; and if there is anything which the advocates of the new code send to GAILLARD'S MEDICAL JOURNAL, such material will, of course, be cheerfully published, though the views of these gentlemen

and the editor of the journal may not be the same. Such liberality the *New York Medical Journal* should be the last to condemn, as it has certainly displayed this proper spirit in its own course.

SUCH IS FAME.—Byron said that fame was to be killed on the battle-field and have your name misspelled in the next day's Gazette. So it is on the battle-field of professional life. Poor Turnipseed, of Columbia, S. C., died April 19th, and in the *Medical and Surgical Reporter*, of Philadelphia (April 28th), there appears the following notice: "Dr. Edward Beman Twinespeed, a distinguished surgeon, of Columbia, S. C., died April 19th." What distinction, when in nine days after death one's very name is forgotten.

A PORTRAIT OF MR. ERNEST HART.—At a recent assemblage of more than five hundred persons, mostly physicians, held at Grosvenor House, London, Mrs. Hart was presented with a portrait of her husband, the distinguished editor of the *British Medical Journal*, "in recognition," as the invitations stated, "of his many and valued services rendered to the profession at large, and especially to the Army and Navy Medical Services, and the influence which, during twenty-five years, he has exercised on sanitary and social progress, the advancement of the welfare of the sick poor, and the cause of public health.

Mr. Hart's many friends rejoice at this just recognition of his brilliant triumph in journalism, in philanthropy, and in shaping British legislation for the good of his kind and of his profession. It was an absolute ovation, of which the most ambitious might justly be proud, and it is pleasing to know that this brilliant triumph was faithfully won and fully deserved.

ART AND NATURE.—The hair of a girl in an Eastern factory was caught in the machinery and torn off her head. She did not mind it at all, kept on at her work, and simply remarked that "it only cost \$4 anyhow." This is the advantage of art over nature.

TO PHYSICIANS.—A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient. Specimen copies of the Journal will be sent to any addresses which subscribers may be kind enough to furnish.—EDITOR.

GAILLARD'S MEDICAL JOURNAL

AND

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ORIGINAL ABSTRACTS.

SOLUBILITY OF OFFICINAL MORPHIA SALTS IN WATER AND ALCOHOL.—Some recent experiments, by Mr. J. U. Lloyd (*New Remedies*, May, 1882, and *Detroit Lancet*) show that some of the statements of our text-books, in regard to the solubility of morphia salts, require modification. The solubilities, as determined by Mr. Lloyd, are as follows: Of acetate of morphia, one part requires of water at 60° Fahr., 11.7 parts; at 212° Fahr., 1.34 parts; of alcohol, specific gravity .820, at 60° Fahr., 68.3; at the boiling point, 13.3. Of hydrochlorate of morphia, one part requires of water at 60° Fahr., 23.4 parts; at 212° Fahr., 0.51 parts; of alcohol at 60° Fahr., 62.7 parts; at the boiling point, 30.8 parts. Of sulphate of morphia, one part requires of water at 60° Fahr., 21.6 parts; at 212° Fahr., 0.75 parts; of alcohol at 60° Fahr., 701.5; at the boiling point, 144 parts. The most important fact to be observed is, that sulphate of morphia is almost insoluble in cold alcohol; and that water will not hold, at 60° Fahr., more than about three grains to the fluid drachm.

WHITE PAINT IN ERYSIPELAS.—Mr. Barwell (*Lancet*) has found white paint very efficacious in erysipelas. He reports three cases in which its application was followed by prompt relief of pain and swelling. He mixes carbonate of lead, after the usual manner, with linseed oil, a little turpentine being added as a dryer, and applies freely to the inflamed surface. The remedy probably acts by occlusion of air after the same manner that it does with so much benefit in burns.

RESORCINE AS A LOCAL APPLICATION TO CHANCRES.—In the January number of the *Annales de Gynécologie*, MM. Leblanc and Fissiaux report six

cases of soft chancre in women treated by the application of resorcine in powder or solution. The formula of the solution recommended is five grammes (75 grains) of resorcine to 20 grammes (5 oz.) of distilled water. The average duration of the six cases under this treatment was twenty-three days, while in five cases treated with iodoform the average duration was thirty-eight days. Resorcine is said to cause but slight pain, which usually disappears rapidly. The entire absence of odor gives this drug a great advantage over iodoform, to which indeed the authors consider it in all respects superior as a dressing for soft sores.

CONDENSED MILK.—Dr. Voelcker says that none of five samples of condensed milk analyzed by him were produced from whole new, but from more or less skimmed milk. Really good condensed milk, as a matter of fact, is nearly always made from skim-milk, or from a milk poor in cream. Condensed milk is not a perfect substitute for new milk, either chemically or physiologically. At the best, most kinds of good condensed milk are milk syrups, consisting of condensed skim-milk and sugar.

THE FUNCTIONS OF THE SOFT PALATE AND UVULA.—In the *Amer. Jour. of Med. Sciences* for April, 1882, Dr. Whitfield Ward publishes a paper, in which he shows that the velum and uvula play an important part in the production of nearly every tone that issues from the vocal organs, and, without their proper action, singing is out of the question. During the production of tones that are emitted through the nose alone, the free border of the velum rests upon the dorsum of the tongue, thus shutting off all communication between the fauces and anterior buccal cavity, and increasing the length of the human musical pipe. If, during the intonation of certain notes, the pendulous velum should be pressed up against the pharynx, exactly the same effect

would be produced as though a piece of the upper extremity of an organ pipe were to be cut off; namely, the placing of the note higher in the scale. The physiology of the uvula is none the less remarkable, since very many of the actions of the velum are entirely under the control of this important little body, which acts as its supporter.

SILKWORM-GUT IN GYNÆCOLOGY.—Dr. G. H. Balleray (*Medical Record*) states that the advantage of silkworm-gut sutures, over those of silver wire, is that they are more easily introduced and removed. In operations for laceration of the cervix uteri, sutures drawn to the requisite degree of tightness only may remain undisturbed for two weeks, without causing ulceration. This is a great advantage, for failure after hysterio-trachelorrhaphy is frequently due to too early removal of the stitches. The ease with which the sutures are removed is a great advantage, as the line of union is not infrequently strained, if not actually torn open, by bungling attempts to remove silver-wire sutures—even by those who, in introducing sutures, display considerable manual dexterity. For operations on the perineum, and for closing the abdominal wound after ovariectomy, what is known by dealers in “fishing-tackle” as “salmon-gut” should be used; while for closing a lacerated cervix, the intermediate size is quite strong enough. In no case of operation for lacerated cervix should the sutures be removed before the tenth day; and it is much better to leave them in until the twelfth or fourteenth day. Silkworm-gut should be kept either in water or some antiseptic solution for some hours before it is required for use, else its stiffness renders it difficult to tie in a tight knot.

SUCCESSFUL SPLENOTOMY.—At the late German Surgical Congress (*Medical Record*) Credé, of Dresden, reported a case of successful extirpation of the spleen. The patient, forty-four years old, man, was injured by a brick striking the left hypochondrium ten years before. There resulted a cystic swelling of the spleen, which of late grew rapidly. It was intended at first simply to remove the cyst, which was found to contain a yellowish fluid, and to be separated from the spleen pulp by a membrane. The bleeding was so great that this could not be done, however, and the whole organ was removed. Primary healing followed, and the man, after about two months' illness, became well. Credé concludes: *First*, that the spleen can be extirpated without injury to health except a temporary anæmia. *Second*, that its extirpation produces a marked

temporary anæmia, with increase of white corpuscles as well as decrease of red. *Third*, that there is at first a temporary swelling of the thyroid gland, probably vicarious. The lymphatics and bones were not affected, so far as could be seen. *Fourth*, all these symptoms disappeared in six months. In the discussion it was shown that there had been fourteen extirpations of the spleen for leucæmic swelling, all fatal; and three extirpations for cystic enlargement had resulted in recovery.

ANTISEPTIC TREATMENT OF WOUNDS.—Dr. W. T. Briggs (*Nashville Medical Journal*) concludes: *First*, that the germ theory of wound infection is not established. *Second*, the antiseptic treatment of wounds after operations and injuries is not limited to Listerism or any other special method, but is based upon broad general principles. *Third*, antiseptic surgery embraces every condition or agent that tends to prevent putrefactive changes in wounds, or to remove or neutralize the evil effects of such changes when they have occurred. *Fourth*, all wounds are healed by reparative inflammation. *Fifth*, all wound accidents are the result, either directly or indirectly, of destructive inflammation. *Sixth*, the antiseptic treatment of wounds, properly considered, consists, first, of such means as will restrain inflammatory action within reparative bounds; and second, of such means as will subdue excessive action, and remove or neutralize the effects of destructive inflammation.

MENTAL SHOCK AND MONSTROSITIES.—Dr. J. F. Palmer, Macedonia, Mississippi (*Medical Brief*, February, 1883), has recently reported a case of some interest as bearing on the influence of mental shock, in a pregnant woman, in the production of monstrosities. His case is as follows: September 1st, 1881, a brother of the patient was shot in her yard. She, on hearing the report of the gun, ran to the door, and saw him standing on his knees, and the blood streaming from the wounds which sixteen buckshot had inflicted. She did not recover from the influence of this shock for several weeks. January, 1882, Dr. Palmer was called to see this patient, whom he found in mental and physical agony, and in labor. Hæmorrhage was frequent, but occurred in jets. On making examination he found a malformed fœtus formed. The duration of pregnancy was six months; fœtus dead; he delivered her; the fœtus having two perfect heads, two necks, four eyes, two noses, two mouths, and two tongues, six arms, six perfect hands, one body, and no legs. The question naturally arises was there any relation

between this monstrosity and the fœtus. To settle this question requires a reference to the question of the artificial production of monstrosities by embryologists. Dareste (cited by Spitzka, "Domestic Ætiology of Insanity") has shown that in eggs submitted to incubation immediately after a railroad journey the embryo very generally died, but a few days' rest before incubation obviated this. He has lately, with the aid of a machine used by chocolate-makers to force the paste into the mills, which gives 120 blows a minute, investigated the effects of shocks on the fecundated egg-germs. Monstrosities were always the result of the tremors so caused. A few eggs were not affected. He has also shown that manipulations of the ovum of as simple a nature as varnishing can produce monstrosities. Dr. C. E. Gray, of the British Museum, at the February 23d meeting of the London Zoological Society, presented the body of a chicken whose beak and feet closely resembled those of a parrot. The sender of the specimen reported that *several* such instances had occurred in his poultry yard, and he attributed the monstrosities to the fact that one of the hens had been frightened by a parrot which was kept in a cage in the same yard, and which had the habit when the hens approached its cage for food of screeching violently at them. Dr. Wille, Basal, Germany (*Archiv für Psychiatrie*, Band X.), cites the case of a healthy woman who, while pregnant by a healthy husband, experienced a sudden fright at seeing a man without a nose. When her child was born, its nose was found flattened, there was harelip, and, besides other evidences of early defects in the germ axis epiblast, the cerebral hemispheres were found confluent in the middle line. Judging from these cases and from the experiments of Dareste, it seems exceeding probable that the relation between the fright of the mother and the monstrosity described by Dr. Palmer was an ætiological one.

GUM CAMPHOR IN ORCHITIS.—Dr. A. W. Chase, Toledo (*Ohio Medical Brief*, February, 1883), claims that a tincture of camphor, made from an ounce of the gum to a pint of the alcoholic solvent, exerts a decidedly beneficial influence on orchitis arising from mumps, when locally applied.

A NEW DANGER FROM ELECTRIC LIGHTS.—The *Medical Times and Gazette* states that several cases of mercurial poisoning (ptyalism, etc.) have occurred among men who were employed in exhausting the little globes used in the incandescent system of electric lighting. The poisoning must have been

due to mercurial vapor arising from the exhausting pumps, as no mercury was used, except that contained in these pumps.

LETTERS OF THE INSANE.—The following case illustrates very decidedly the absurdity of certain recent proposals to allow the insane to communicate freely with the outside world. Willard Asylum for the Insane, at Ovid, has among its inmates a Danish lady of good education, and who, previous to becoming insane, occupied a respectable position in society. Her delusion is that she is immensely wealthy; the queen of the universe. On all other subjects she is rational, and converses with ease and fluency. She has the delusion that the asylum is her castle, built for her special benefit, and that the attendants and inmates are her servants. Recently she managed to elude the vigilance of the attendants and mail a letter to a brother in Denmark, stating that she had become wealthy and was living in a magnificent mansion surrounded by luxury and attendants, and had abundance to provide for himself and family, and closed by urging him to accept her hospitality and spend the balance of his life with her. Having frequently heard of the good luck of his countrymen in the land across the sea, he did not have a suspicion but what fortune had favored his sister and that she had actually become rich. He therefore proceeded immediately to close out his little tailoring business, in which he had managed with difficulty to support his family, and with the proceeds purchased tickets for the transportation of his wife and five children to Central New York. Allowing the letter announcing his intention of coming only a few days' start, the little family took ship for America with light hearts and great expectations. Arriving in New York, they set aside barely sufficient to take them to their destination, and spent the remainder in improving their appearance so that they should not bring discredit upon their rich kinswoman. On reaching Ovid they recognized Willard from the description given in the sister's letter. The cruel disappointment of the brother and his wife was pitiable. Instead of finding a wealthy sister to welcome them to her palatial abode, they found her in a hopeless condition and an inmate of an asylum for the insane. All such letters should be submitted to the supervision of the asylum supervising authorities of the State, if such exist, before being destroyed.

MENTAL SYMPTOMS FROM INFANTILE CRANIAL DEPRESSION.—Dr. Guérmonprez (*Archives Générales de Médecine*, August, 1882) comes to the following

conclusions respecting the influence of depression of the cranium in childhood: First, depression of the cranium, whether complicated or not, may in a general way be the cause of various psychical disturbances. Second, such disturbances are more marked when the depression is on the left frontal region. Third, such depressions may interfere with the normal psychical development and with the cerebral growth. The second conclusion is based on *a priori* ideas rather than on experience.

MENTAL STATE OF HYSTERICAL PATIENTS.—Dr. H. Huchard (*Archives de Neurologie*, March, 1883) discusses in a general way the mental state of hysterical patients. But the article is vitiated by the fact that Huchard fails to perceive that hysteria is a state often arising from congenital defects in the brain cortex. The mobility of the mental and neurological features of the hysterics are and with justice insisted on by Dr. Huchard. The tendency of opposition, contradiction, and controversy which hysterics display is also well described. The patient described, Leseque (*Journal of Nervous and Mental Disease*, April, 1883), and quoted by Huchard, who claimed to be a natural daughter of Victor Emmanuel's sister, and cited in evidence a certain mysterious casket, was really a primary monomaniac.

FORENSIC RELATIONS OF SEXUAL PERVERSION.—Kirm (*Allgemeine Zeitschrift für Psychiatrie*, Band xxxix., Heft 2 and 3) says that each doubtful case of sexual perversion, where an unnatural sexual tendency has been exhibited, should be examined by experts (*Journal of Nervous and Mental Disease*). That if the patient be found to have exhibited such tendencies from birth, and exhibit a neuropathic hereditary history and physical evidence thereof, he should not be exposed to the rigor of the law, nor should he, if such tendencies result from mental defect arising later in life.

ORIGINAL ARTICLES.

QUEBRACHO IN DYSPNŒA. By JAMES KIERNAN, M.D., Chicago, Ill.

There is, so to speak, a certain class of drugs which, as Headland states, are purely symptom remedies. Among these drugs may be placed, with great propriety, the subject of the present article. The powder of the bark of the *aspidosperma quebracho*, a native of the Argentine Republic, was first used in Europe by Penzoldt, Erlangen, Germany, as

a remedy in dyspnœa. According to Bergos, the powdered white quebracho has all the physical and organic properties of powdered quinquina, and is also antiseptic. The decoction is employed as a tonic and febrifuge, and the drug was first introduced as a rival to quinine. Berthold, Picot, Berger and Laquer find that it produces a diminution in the frequency of the pulse and respiration, and if used continuously for a long period, it induces cephalalgia, vertigo, mental dulness, and abundant salivation.

Dr. Andrew H. Smith (*New York Medical Journal*, September, 1881), Chairman of the Committee on Restoratives of the Therapeutical Society of New York, submitted on behalf of the Committee the following report, founded on clinical data, on the use of quebracho in dyspnœa. Of the thirty-two cases covered by the report, eleven were of spasmodic asthma, with or without emphysema and bronchitis. Of these, in nine cases the dyspnœa was notably relieved. In two cases of asthma associated with bronchitis, no benefit resulted. One patient with emphysema and bronchitis without asthma was relieved. One with bronchitis with obesity was not relieved. Two with mitral insufficiency were not relieved. One with mitral stenosis was not relieved. One with hypertrophy with dilatation was not relieved. In two cases of cardiac disease (form not stated), the dyspnœa was relieved. In one case of fatty heart, there was slight relief. Two patients with dyspnœa depending upon Bright's disease, in one of whom pulmonary œdema was noted, were relieved. In one case of aortic aneurism, the dyspnœa was relieved till near the close. In one case of tonsillitis, the dyspnœa, partly nervous, was relieved. In one case of cancer of the lung, dyspnœa was relieved. In two cases of pneumonia, it was relieved. One patient with hysterical dyspnœa was relieved. In one case of catarrhal phthisis, second stage, the dyspnœa was relieved. In one case of catarrhal phthisis, third stage, it was not relieved. In one case of intermittent fever with old pleurisy, the patient being an opium eater, the dyspnœa was increased. Thus, of the thirty-two cases of different diseases in which dyspnœa formed a prominent feature, this symptom was relieved to a greater or less extent in twenty-one; not relieved in ten; aggravated in one. In some instances the treatment was not pushed far enough to give a decisive result. It is possible that the nausea observed in some cases might have been avoided by the use of smaller doses, and perhaps a favorable result obtained. The fact that dyspnœa depending upon such a variety of causes may be relieved by quebracho points to the respiratory centre as the seat of

its action. Apparently, it blunts the sense of want of air, and thus mitigates the suffering from a deficient supply. But this action is not necessarily only palliative. Exaggerated respiratory efforts are often in themselves an evil, not only on account of the muscular effort expended, but from the aspiration of blood into the thoracic viscera, which results especially when the dyspnœa is caused by narrowing of the air passages rather than by solidification or compression of the lung; hence, in many cases an agent which will moderate the violence of the respiratory movements will not only lessen the distress of the sufferer, but will increase the chances of his recovery. That quebracho will often very promptly fulfil this indication there seems to be no room to doubt, while as yet there is no evidence that it is liable to produce unfavorable after-effects. The extremely disagreeable taste of the medicine and its tendency to produce nausea are, however, serious drawbacks to its use by the mouth.

In a general way my own results corroborate those obtained by this committee. The cases on which I have been able to use this remedy are as follows:

CASE I. was an old man who gave a history of cough with white and yellow expectoration, and dyspnœa increased by exertion, dating back several years. For the past two years he has suffered from sudden attacks of dyspnœa, occurring at first at night only, but lately becoming so frequent as to distress him during the day. During the past winter his cough increased in severity, and the dyspnœa became so constant as to prevent his working. He complained of irregular paroxysms of dyspnœa, accompanied by wheezing sounds. He had become emaciated, had a poor appetite, imperfect digestion, and bowels irregular. There is general venous congestion of the surface. The chest was barrel-shaped; percussion indicates emphysema and on auscultation evidences of bronchitis as well are found, sonorous, sibilant and mucous râles being heard over the upper part of both lungs; heart sounds normal. The patient is suffering from dyspnœa, his respirations being rapid and labored; urinary examination negative. He was put upon 3 ss. of fluid extract of quebracho every four hours. During the following week the dyspnœa was gradually relieved, so that at the end of seven days the patient did not suffer from it at all while at rest. The improvement was very marked during the first two days. The patient had three attacks of asthma at night during the first week under treatment. Each attack was promptly relieved by the drug, each succeeding attack being less severe than the one preceding it. During the

second week of treatment there was but one slight paroxysm of dyspnœa, and the constant shortness of breath had entirely disappeared. During this time the dose was decreased to ℥xxx, t. i. d. At the end of fifteen days he had gained flesh and strength; his cough had become less distressing under appropriate treatment, and as dyspnœa disappeared, he returned to work.

CASE II. was a case of chronic nephritis in a middle-aged man who had been four weeks before coming under observation.

After exposure to cold he was suddenly attacked with pain in the head, nausea and vomiting, and in a few days his feet and legs were œdematous, and in three weeks he was in a condition of complete anasarca. Shortness of breath made its appearance about the same time. He was placed under diuretics, and as these remedies did not relieve the dyspnœa, 3 ss doses of the fluid extract of quebracho with the result of improving this symptom, but without effect on the nephritis and anasarca.

CASE III. was a forty-five-year-old syphilitic individual who in 1875 began to suffer from dyspnœic paroxysms which occurred at rare intervals and were not severe. These have, however, increased in frequency, and for six months before coming under treatment the dyspnœa had been constant. For three years he had suffered from irregular attacks of precordial pain, brought on by any exertion. Physical examination showed an hypertrophied heart and an aneurism of the ascending arch of the aorta. The patient was put upon increasing doses of potassium iodide till 3 ss, t. i. d., was reached. For one month this treatment was continued without effect on the dyspnœa, and the potassium iodide was stopped. The dyspnœa began to increase. Fluid extract quebracho, 3 ss was given every three hours. After the second dose the patient felt much easier, breathing less rapidly and without difficulty. In the course of two days the dyspnœa had entirely disappeared, and the drug was stopped. Three days subsequently the dyspnœa returned, but was entirely relieved again in the course of two days by the use of quebracho. This action of the drug has been demonstrated a number of times in this case, attacks of dyspnœa being relieved, but returning when the effects of the drug has worn off. He has used it regularly.

In another case of bronchitis attacks of asthma, which did not yield to other methods of treatment, have been speedily relieved by the fluid extract quebracho, in dose of 3 j, at the commencement of the attack. The attacks soon decreased in severity. In

one case the patient gave a typical history of mitral regurgitation, and auscultation revealed the characteristic murmur. The most urgent symptom was the dyspnœa, which was at once relieve by M xl fluid extract quebracho. The remedy was continued every three hours, and the patient at the end of one week no longer suffered from dyspnœa. The action of the heart had been made more regular and forcible by the use of digitalis, which was given with the quebracho.

A great objection to the use of the drug arises, it would seem, from its astringent properties. The bark contains much tannin, and two alkaloids, aspidospermine and quebrachine; the last had an action similar to that of curare.

I have had no experience with the hypodermic use of aspidospermine, but Penzoldt, Picot, Skoda and Krauth have found it of value in any form of dyspnœa. The chlorhydrate and sulphate are very soluble. Penzoldt prefers the first. The *Medizinal Kalender und Recept-taschenbach für die Aorzte der Deutschen Reiches*, 1883, gives the following formula for a solution for hypodermic use :

R Aspidospermine.....gr. xv.
 Aquæ destill..... 3 xijj.
 Ac. sulphuric..... q.s.

The dose is twenty minims, containing not quite half a grain of the drug. As an agent for tiding patients over emergencies in the production of which dyspnœa plays a part, this drug seems likely to be of value.

A CASE OF TRAUMATIC TETANUS RESULTING IN RECOVERY. THE LEFT HIP JOINT DISLOCATED BY SPASMODIC ACTION. By N. L. GUICE, M.D., Fayette, Miss.

To Dr. B. Shields, of this county, who attended the patient, I am indebted for the imperfect history of the following case of traumatic tetanus :

Minor Ennis, colored, æt. nine years, was first seen by Dr. Shields on November 28th, 1882. Two weeks prior to this date the patient "stuck a nail" in the sole of the left foot. The patient now (November 28th) presented marked symptoms of tetanus which rapidly developed into a genuine and severe case of the disease. There was marked inflammatory action at the point of injury, and upon opening the wound Dr. Shields found a small quantity ("a few drops") of pus and "some granulations." Subsequently, during the progress of the disease, the inflammation extended upward to the knee, involving the latter.

The convulsions were opisthotonic and of frequent recurrence, and Dr. Shields alleges, very severe, being

worse at night than in the day. The opisthotonos was marked and constantly present for four weeks, after which it very gradually subsided.

Dr. Shields commenced the treatment with a purgative dose of calomel together with poultices to allay the local inflammatory action. To control the convulsions he gave ten grains each of chloral hydrate and bromide of potassium p. r. n., being governed in the frequency of repetition of the dose by the frequency and severity of the convulsions. Extract of Calabar bean was tried hypodermically and found to be without benefit. The patient slept moderately well throughout the disease. The appetite continued good (at times voracious), and food was taken in abundance. The convulsive action continued six weeks, the final subsidence being very gradual. The patient became greatly emaciated.

Before the patient was able to quit his bed, Dr. Shields lost sight of him until March 25th, 1883. Upon examination he then found him entirely well excepting a dislocation of the left hip—the head of the femur being thrown forward upon the pubic bone. Dr. Shields insists (and doubtless truthfully) that this dislocation was a result of the violent spasmodic action. The hip joint was well and normal at the inception of the convulsions, and the patient received no fall or other injury pending the continuance of the same or subsequent thereto. The friends of the patient informed the doctor that the present shortening, etc., of the limb was discovered at the time the patient left his bed. This case is interesting to the surgeon as furnishing, First, an instance of recovery from traumatic tetanus, and second, one of dislocation of a powerful joint by spasmodic action.

SELECTIONS.

ON THE PATHOLOGY OF DIABETES: ESPECIALLY DEALING WITH DIABETIC COMA.—Dr. Stephen Mackenzie, Physician to, and Lecturer on Medicine at, the London Hospital, in a paper bearing this title and originally read before the British Medical Association at Worcester in 1882, gives a total of thirty-seven fatal cases of diabetes in the London Hospital from the beginning of 1874, to midsummer 1882. "From this series of cases, twenty-one of which have been under Dr. Mackenzie's own care, it appears that coma and phthisis are the two most common modes of termination of diabetes. Coma is a much more common ending of diabetes than is often supposed by those who see but few cases of the disease. In this series, coma of a peculiar kind

was the termination of diabetes in nineteen out of thirty-seven cases, or in just over half the number. Of these nineteen cases of coma, in seven *post-mortem* examinations showed no gross visceral disease to which the coma could be attributed; in four cases without *post-mortem* examinations, there was no *ante-mortem* evidence of visceral disease in three, and in one there were well-marked signs of pneumonic phthisis during life. Further, there were eight deaths from coma, with old or recent pulmonary disease found at the necropsy; in some of these the affection of the lung was insignificant, in others advanced. The coma that closed the scene in the cases of diabetes, implicated (or followed) by pulmonary disease, had certain special characters, to be presently described, showing its connection with the diabetic rather than with phthisis. It was not the mere loss of consciousness that terminates so many exhausting diseases. Suddenly developing coma is an unusual ending of ordinary phthisis. Besides these nineteen cases, in three others death was by coma, but an obvious explanation was presented on *post-mortem* examination—viz., cerebral hemorrhage, meningitis, suppurative nephritis.

Onset.—Pain in the epigastrium or hypochondria, often very severe, sometimes ushers in the attack, and may precede for several days the coma. Delirium, usually of a light garrulous kind, is observed in some cases. Rapidity of pulse is occasionally the first indication of impending coma. Vomiting and diarrhœa, separately or together, was noticed in some cases for a day or two before the attack. Severe headache precedes the coma in others. Fatigue, as pointed out by Prout, and noticed by nearly all who have written on the subject, often determines coma, and the latter is thus frequently induced by a journey. *Special Features of the Coma.*—One of the most striking symptoms in most, though its degree varies in different cases, is a peculiar laborious breathing—an “air-hunger,” extraordinary efforts of filling the chest being made. The patient lies gasping for breath, like a person after violent exercise, while no condition in the respiratory organs accounts for its occurrence. Sometimes this dyspnœa precedes the coma, sometimes the dyspnœa and coma appear together. The coma in most cases commences gradually. The patient can at first be roused, but it steadily progresses until it is profound. It occasionally commences more abruptly, and in a few cases passes off, usually to return. The surface of the body is generally cold, and the skin and mucous membranes livid; the pulse is rapid and small, and ultimately becomes uncountable. The external and internal temperature

sinks exceedingly low, and Dr. Mackenzie has known the temperature in the rectum to be little over 90° Fahr. This combination of coldness, lividity, and rapid pulse has led me for some time to call the condition “coma-collapse.” Incontinence of urine is noticed in some patients. The breath has been noticed by some good observers to have a peculiar odor, like sour beer, vinegar, acetic ether, acetone, etc.; but in no case that Dr. Mackenzie has observed has this been detected, though he has been on the outlook for it since 1874, and has directed the attention of those watching the patient to the point. Dr. Frederick Taylor's experience is similar. It has been said that a high temperature is necessary for its occurrence, owing to the low volatility of acetone. The urine is also said sometimes to give off a similar odor, but the author has not noticed it even when evaporated. In some cases, the addition of a solution of perchloride of iron to the urine produces a deep brown color. This, which is a test for acetone, Dr. Mackenzie has noticed in some cases.”—*Ibid.*

THE DRAINAGE OF THE ROMAN CAMPAGNA.—The researches, published two years ago, of Professor Klebs of Prag, and Professor Tommasi-Crudeli of Rome, on the nature and origin of malarious fever, have not only proved of importance in the development of the germ-theory of disease, but suggest historical questions of the greatest interest, toward the solution of which some steps have already been taken. In the current number of the *Practitioner* there is a most instructive paper by Professor Tommasi-Crudeli, summing up the results of former publications on the nature of the microscopic plant by which malaria is produced, and discussing more fully the historical side of the matter. How is it that the Campagna, now so deserted, was once populous? How is it that it was not merely inhabited by people who could live nowhere else, but that it was studded with the villas of wealthy Roman proprietors, who chose for their places of recreation spots now shunned as the worst haunts of disease? The question has often been asked, but till lately no answer has been offered which rested on any basis of fact or science. The answers were all guesses, because they were made, first, in ignorance of the true nature of the disease itself against which the ancient inhabitants of the Campagna contrived to struggle with success, and, secondly, before any sufficient excavations had been made to show whether, as has been conjectured, there was in old times a complete system of drainage of which the outward traces are now lost. The transfer of the seat of

government from Florence to Rome, and the consequent extension and partial rebuilding of the new capital, have caused many new excavations to be made inside the city itself. Outside the walls the same thing has happened. Many of the landed proprietors are now busy on improvements, in the course of which new facts as to the soil and drainage of the Campagna have come to light; and, beside this, various excavations have been undertaken with the direct object of solving a problem which has now a practical as well as an archæological interest. If the Campagna was habitable and fertile in the days of the Romans, there is hope that it may be made so again. The economic gain to Italy, could this be done, would be enormous, not only from the vast spaces which would then be reclaimed to cultivation, but from the thousands of human lives saved from death or permanent enfeeblement. Malaria is often fatal; but even a slight attack, as any one who has suffered from it knows to his cost, may be for years a serious injury to the constitution, and may diminish by a heavy percentage, even when a man looks outwardly healthy, his number of working days throughout the year.

The researches of Professor Klebs and Professor Tommasi-Crudeli, now generally accepted by the medical profession, established that malaria is due to a specific microscopic plant which exists in the soil of certain districts and floats in the atmosphere above it. This plant, when inhaled and absorbed, finds in the human body conditions favorable for its growth and reproduction, and it prospers and multiplies at the expense of the organism in which it dwells. The mode of combating it is twofold—first, to find suitable and, if possible, inexpensive remedies for it and prophylactics against it; and secondly, to prevent, if possible, its generation and multiplication in the soil itself. The conditions necessary for its development have been found to be, first, a temperature of not less than 60° to 70° Fahrenheit; secondly, a moderate, but not excessive, degree of permanent humidity; and, thirdly, a free supply of oxygen. "The absence of any one of these three conditions is sufficient to arrest or render impossible the development and multiplication of this organism." It is necessary to clear our minds from the old prejudice that malaria exists only, or even chiefly, in marshy soil. The Campagna, as it happens, is not really marshy. Professor Tommasi-Crudeli is of opinion that, speaking roughly, two thirds of the malaria-stricken districts in Italy are situated on heights. "Sometimes," he says, "the surface of these districts is completely dry during summer, but the production of malaria in them goes on just the

same, provided they are kept moist below the surface by special conditions of the subsoil, and the air can reach the moist strata by pores or crevices in the surface. This is precisely the condition of the greater part of the rising grounds in the Campagna of Rome." Further, the direct action of the oxygen of the air is so necessary to the development of the plant that the most pestilential marshes become innocuous when the soil is *completely* covered by water. Pavements, buildings, and the like, may act in the same way and arrest the development of the plant by cutting off the necessary supply of oxygen. But if, even after the lapse of years or of centuries, communication with the outer air is restored, while the other conditions remain the same, the soil recovers its noxious properties. Again, a very moderate amount of moisture suffices to evoke malaria, when other conditions are favorable, as is shown by the fact that malarious districts may be safely inhabited during a very hot and dry summer, but that the first shower of rain is followed by an outbreak of the disease. Here, in fact, lies the practical knot of the question. If a large, instead of only a small, amount of water were requisite for the development of these germs, the problem would be comparatively simple, for any ordinary system of drainage would meet the case. "Neither hygienists," says Professor Tommasi-Crudeli, "nor engineers have as yet faced the problem from this point of view; for all medical schools are still dominated by the paludine prejudice, namely, by the idea that malaria is produced exclusively in marshes or in localities analogous to marshes. The natural consequence of this prejudice has been the concentration of the attention of those who have tried to hinder the production of malaria upon marshy localities. They have completely ignored, or at most have hardly recognized, the most important part of the problem of disinfection—namely, the disinfection of malarial districts which are not, and never have been, marshy."

The Roman Campagna, which, when seen from a distance, presents the appearance of a vast level expanse, is in fact, as those who have walked or driven over it will remember, very far from being a plain. It consists, on the contrary, of a series of undulations, some of them of considerable height. Though the annual rainfall is inconsiderable, it is a curious fact that this district is remarkably rich in springs and ponds of water, which do not disappear even in the dry and arid Roman summer. From what source, then, are these supplied? The conclusion at which the writer, with others who have studied the problem, has arrived, is as follows. The old volcanic craters which rise above the Campagna on both sides

of the Tiber are now either lakes—as for example, the lakes of Bracciano and Baccano on the north of the Tiber, and of Albano and Nemi on the south—or else they form close basins, such as the old Lake Regillus, the valley where Aricia once stood, and the valley of the Molara in the Latian hills. The lakes are some of them very deep, and the downward pressure which they exercise must be enormous. The water which accumulates in them, having no other outlet, or no sufficient outlet, filters gradually down through the subsoil of the district (much of which is of such a nature that it readily allows of the passage of water through it), thus moistening the whole of it, and accumulating in greater quantities here and there, according to the character and disposition of the strata through which it passes. It is this water permeating the whole subsoil of the Campagna, by which these perennial springs and ponds are fed. Now for a long time past, when excavations have been made in the volcanic tufa of the Campagna, small tunnels, about five feet high and one foot eight inches broad, have been met with. The common opinion has been that these tunnels were used as conduits for drinking-water. The most recent view, taken by the writer above quoted, is that they have nothing to do with conduits or cisterns or sewers, but that they are remains of an extensive system of drainage.

We cannot enter into a full description of this system of tunnelling, but must refer our readers for details to the essay in the *Practitioner*. These tunnels, with their smaller branches and connections, have now been found in so many parts of the Campagna and of Rome itself, their position and arrangement are so precisely adapted for purposes of draining, and there is so much in their construction that is inexplicable on any other hypothesis, that the truth of the drainage theory may be safely assumed, at all events provisionally, as the basis for further and closer investigation. In some of these subterranean passages the picks used by the miners have been found, and a cramp, probably used to hang the workman's lamp upon. "On the walls and vault of these tunnels the volcanic strata are quite exposed, and one could count the strokes of the pick upon them, as if the work had been finished yesterday." The extensive excavations made in the construction of the new fortifications of Rome have offered increased opportunity for studying these remarkable remains. Where the permeable nature of the subsoil renders these drainage tunnels superfluous they are not found. "We often find several networks of tunnels superposed, so that the hill is perforated like a bee-hive through its whole height. The Aventine,

for instance, is perforated by four strata of these networks below the Church of Santa Sabina. On the Quirinal, under the foundations of the new war offices, two strata have quite recently been found, one at a depth of thirty-three and another of fifty-six and one-half feet. Sometimes the different strata communicate with one another by means of several vertical walls, and the inclines of the upper strata are calculated so as to throw the drainage waters into the stratum below. The majority of these drains run entirely underground. It is very rarely that we happen to see a gallery destined exclusively to receive the direct drainage of the vegetal soil. More often we meet with galleries whose general course is subterranean, but from which several branches rise above the surface of the subsoil and drain the vegetal soil directly."

Two questions naturally suggest themselves in reference to this investigation. First, what is the date of this vast and complicated system of drainage? And, secondly, how is it that ancient writers are silent about it? The probable answer is that it was a phenomenon so familiar that for that very reason it passed unmentioned. The fact, also, that both Livy and Cæsar, who, when they describe siege operations, enter frequently into the minutest details, are content to say simply that a mine or tunnel was made, is significant, and seems to show that tunnelling was a process understood by every reader, and requiring no explanation. Further researches are necessary before even an approximate date can be assigned to these works; but the silence of the historians makes it probable that they are of the greatest antiquity. For there is not even a tradition on record as to when or by whom they were made. It can hardly be supposed that, had the drainage of the Campagna been carried out within human memory, so remarkable an undertaking would be passed over without any mention whatever being made of it. It seems, therefore, not unlikely that the aptitude for operations of this kind which characterized the Roman people, and which still, curiously enough, is to this day possessed by the Roman workman, should have been acquired in prehistoric times. Whether, again, the works were undertaken primarily for agricultural purposes is a question to which it is hard to give any definite reply. But it is evident that, if not intended for, they answered, hygienic ends. We are now, however, only on the threshold of an inquiry as interesting on its historical as on its scientific side. It is one on which more light will be thrown every year, now that the start has been made. Though the solution of the question is of infinitely more practical importance to the Italians than to any

other people, we trust that English archæologists may help to throw light on the many interesting and obscure points in which this investigation abounds.

URIC ACID AND ITS RELATIONS TO THE FUNCTIONS OF THE KIDNEY.—In Dr. A. B. Garrod's Lumleian Lectures, the lecturer observes: "I must endeavor to show you (1) in what state of chemical combination it exists in the urine; (2) why it is held in solution in an acid fluid; (3) what are the causes which lead to its precipitation from the urine; and (4) what are the different shapes which it assumes when it is thus precipitated from its state of solution.

1. About fifty or sixty years ago, when Berzelius and Prout were investigating the subject, there was much discussion as to the condition of the uric acid when in solution in the urine—whether it is free or combined with a base, whether it is held in solution by the coloring matter of the urine, and so forth. For the details of such discussion, if still interesting, I will refer you to Dr. Prout's well-known work.

At the present day, I believe that the subject is fully cleared up; and it may be asserted that uric acid, when in solution, is combined chiefly with sodium, but that there are also varying quantities of other bases present, depending on the amounts of different salts contained in the urine. I have already shown you, in my first lecture, that when urate of ammonium is dissolved in blood-serum in which the soda salts are present, it is converted into urate of sodium; and, bearing this fact in mind, we can explain the discrepancies which are found in the different analyses of urate deposits, both in health and disease. I may, however, say that the deposit, which, until recently, was commonly called lithate of ammonia, is composed almost entirely, in healthy urine, of urate of sodium. If, however, the urine, at any time, becomes ammoniacal from the decomposition of the contained urea, then the uric acid, meeting with a large excess of the new-formed base, gets deposited as urate of ammonium, a salt which is very insoluble.

2. The next point to be considered is the reason of its existence as urate of sodium in a fluid having such a well-marked acid reaction as healthy urine. This fact was for a long time difficult of explanation; but Liebig showed that, if to a warm solution of the common phosphate of sodium, which has an alkaline reaction, uric acid be added till it no longer dissolves, the solution become strongly acid, and there is contained in it urate of sodium and the acid phosphate of sodium, which latter salt exhibits a full acid reaction, but does not possess the power of precipitating the uric acid. This phenomenon solely de-

pends on the tribasic character of phosphoric acid, which allows of a solution of phosphates, which red-dens litmus powerfully without containing any free acid.

3. When, however, the least trace of a free acid, even acetic, exists in the urine, the whole of the uric acid is rapidly precipitated; a fact of considerable importance in the study of diseased conditions of the urinary excretion. If our attention is directed to the subject, we see, almost daily, that, when an urine is kept for a time, perhaps only a few hours, the uric acid, which at first was in complete solution, becomes gradually deposited in the crystalline form—a change due to the generation of a free acid in the urine by the occurrence of what is called the acid fermentation.

4. Our last point is to ascertain what shape the uric acid assumes when it becomes insoluble, and is precipitated from the urine. It may be thrown down either in combination with a base, that is, in the form of an urate, or as free uric acid. When, as an urate, it is often, from simple concentration, or from the presence of too small a quantity of water in the urine, and it seldom happens that such deposition takes place in the urinary organs themselves, unless there is something present, such as a foreign body or the nucleus of a calculus, which greatly facilitates it. When, however, such urine is removed from the body, and cooled down to the temperature of the air, more especially in cold weather, the appearance of turbidity is extremely common, and often becomes, though most unnecessarily, a source of great mental disquiet to patients.

The simple evaporation of healthy urine *in vacuo* will usually cause, at a certain point in its concentration, the deposition of the same urate of sodium, and produce a similar appearance. When the urine, either concentrated or not, becomes abnormally acid, it at first causes the urate existing in it to be less soluble; but soon afterward the acid itself is separated and deposited in the crystalline condition, forming what is commonly known by the name of cayenne pepper-gravel, so called from its resemblance to that condiment. We have been so accustomed, even from our student-days, to see the numerous forms which uric acid assumes, that we may feel little or no surprise that a body of so definite a composition and character as uric acid should be found under so many shapes, and perhaps most of us have paid little or no attention to the subject. Dr. W. Ord, however, has given no little thought to it, and has made a great number of observations and experiments which throw much light on the changes which the crystals of uric acid experience when acted

upon by the various colloid substances, some of which are present in healthy urine, and others as the result of disease. Let us take what may be looked upon as pure uric acid, dissolve it in boiling water, and then allow it to cool and crystallize; it will be found in oblong tabular crystals, which are both homogeneous and transparent.

When uric acid crystallizes out from urine, it is more or less colored, from yellow to brown, and in the form of thin rhomboidal prisms, showing that there must exist in the urine something which causes an alteration not merely in the color, but also in the crystalline form. Dr. Ord makes the following remarks, which I cannot do better than quote, as they express the character of the changes to which I wish to allude. He says: "It follows from this comparison of the pure and urinary acids, that there must exist in the urine causes leading to a complete turning away of the substance from its proper crystalline form. The change is also in a definite direction. The faces and angles of a crystal from urine are almost always, some or all of them, curved and rounded. Such a crystal is a resultant of the operation of two distinct influences—of crystalline polarity, under which the flat surfaces and sharp angles are determined; and of 'molecular coalescence,' in which polarity is lost and particles become arranged in spherical masses, by virtue of their unhindered mutual attractions. Furthermore, in urine the crystals are very frequently gathered into large glomeruli, to which such names as 'gravel' and 'cayenne pepper-grains' are given. These, on examination, are found to be regularly constructed of rhombs or prisms."

Dr. Miller, Dr. Beale, and other writers on micrology and chemistry, have suggested that the substances associated with uric acid in urine are the determining causes of the several differences; and the researches of Mr. Rainey have pointed the way to a solution of the problem.

Dr. Ord, in his work on "The Influence of Colloids upon Crystalline Form and Cohesion," from which I have just quoted, and to which I would refer you for much valuable information, gives the results which he has obtained from the crystallization of uric acid under the influence of urea, coloring matters, mucus, albumen, cane and grape sugar, gum arabic, starch, gelatine and glycogen.

It appears to me, that the researches of Dr. Ord and Mr. Rainey are not only valuable, but also seem to throw a ray of light—dim, it is true, at present—upon those phenomena which, as it were, connect true chemical changes with those we are accustomed to look upon as due to the agency of life.

The result of our inquiries, as far as they go, may be summed up in a few words. Perfectly healthy urine should show no appreciable deposit; when, however, it becomes concentrated from deficiency of the watery excretion, then the uric acid is thrown down in the form of an urate. This may occasionally occur within the body, but far more frequently after the urine has been voided; sometimes, however, this change ensues so rapidly, that the urine is erroneously supposed to have been passed in that condition. The presence of a solid body in any part of the urinary tract favors deposition very much, and hence urine, which would otherwise remain clear, may yield a deposit to any substance previously present in the same tract, and may thus add considerably to an already existing calculus. The appearance of the numerous layers so frequently seen around a central nucleus, both in renal and vesical calculi, is thus easily explained. When, however, the urine becomes further altered in composition—if, for example, a free acid is either excreted with urine, or rapidly generated in it through the setting up of the lactic fermentation, the uric acid becomes liberated from its state of combination, and, in a form more or less altered by the presence of colloid-matters, is deposited on a previously existing calculus, or is passed as separate rhomboidal crystals or in aggregated masses, constituting gravel or sand. I should feel disposed to confine the name of "sand" or "gravel" exclusively to such deposits, which, I believe, seldom form the nucleus or become the starting-point of any calculus. I may add, that urine possessing these characters is frequently voided for months and years without the occurrence of any appreciable inconvenience to the patient. It is true, that a calculus may be augmented by contact with such an urine; but, as I have said, it seldom originates in this way.—*British Medical Journal*.

ON DISCHARGES OF PUS FROM THE MALE URETHRA WHICH ARE NOT GONORRHOEAL. By TOM ROBINSON, M.D.

The practitioner of medicine must frequently meet with cases where there is a copious muco-purulent discharge from the male urethra, which, accepting the patient's statement, is not due to indiscretion or the rupture of the marriage vow; and it is with a view to investigate this state that I write this paper. We accept, as a matter of indisputable medical knowledge, that the female vagina and urethra may pour out a purulent discharge, which discharge is, without any doubt, accepted as due to a pathological state of the feminine mucous membrane, and in

nowise reflecting a stain on the fidelity of the sufferer. But, if a male consults us with an oozing from the urethra, we are often apt to disbelieve his protestations, and stigmatize him as an unfaithful husband, if he be married, and an untruthful patient, if he be single. We speak daily of discharges from the mucous membrane of the nose, throat, and elsewhere, as being catarrhal; but the male urethra, what can it suffer from but gonorrhœa? The first instance which led me to investigate this subject came under my notice in the following manner. A gentleman of the legal profession consulted me with what, to all external appearance, was gonorrhœa. He was forty years of age, fair complexioned, and married. He told me that during the pregnancies of his wife he always had a similar condition. This statement I should have accepted with great caution, had it always occurred about the parturient period; but coming on at the early months of pregnancy, and on several occasions, compelled me to attach importance to the statement, and I may say, I have seen this gentleman twice since with the same condition, always taking place during his wife's pregnancy. The following notes from my case-book will afford another example of a discharge, which came from an internal cause.

J. B. H., aged forty-two, a man with gouty history, but without ever having true manifestations, was quite gray, had worn-down teeth, and tophi. I had attended him on several occasions for gastric catarrh, and eczema of the infra-orbital regions. He was in the navy, and had been at sea for some time. On coming ashore, he had lived freely, and drank rich wines. At the end of a week, he consulted me for a very profuse discharge from his urethra. The discharge was probably more albuminous than is seen at this stage of true gonorrhœa, and although there was considerable smarting on passing urine, it was not the urgent scalding which goes with the early stage of gonorrhœa. His urine was loaded with lithic acid, and he denied having had sexual intercourse. Four days on barley water, milk, soda water, and broths, with cooked vegetables, and frequently repeated doses (half a drachm every four hours) of acetate of potash, and a goblet of Pullna water every morning, relieved him completely of his trouble.

Men with enlarged prostate frequently suffer from muco-purulent discharges from the urethra. Organic stricture is also accompanied by profuse oozing. The cases which we call gleet go on for many years, are most difficult to cure, and are sometimes incurable. The discharge in these instances, especially after much physical exertion, unusual sexual indul-

gence, or alcoholic excesses, becomes distinctly purulent, even years after the original infection. There are some men who, after any sexual intercourse, have discharge from the urethra, which passes away in a few days without any treatment.

It would appear to us that these facts indicate there are some mucous membranes which become so congested, when stimulated, that they produce a muco-purulent discharge, under sources of irritation which are not gonorrhœal in character, and this is what we find with other mucous surfaces. The conjunctiva in some instances becomes congested, and pours out a copious secretion in a few hours, after being irritated by an external agent. The same rule applies to the nose, the pharynx, and the bronchial tubes. If we apply the same line of thought to the skin, we shall find some cuticles so susceptible to external influences, that the east wind, the sun, soap, and, in one instance I have met with, even daylight, produce an acute eczematous condition. Shall we doubt, then, that muco-purulent discharges, not distinguishable from gonorrhœa, do occur in instances where the irritation is not set up by specific pus-cells? It has often occurred to my mind, that the many remedies advocated for curing clap have had their reputation based upon the treatment of cases which have been non-specific discharges; discharges which would have recovered under any line of therapeutics.—*Lancet*.

TRUE KNOTS OF THE UMBILICAL CORD.—In the report of the Lying-in Hospital of Munich, published in the last number of the *Archiv für Gynäkologie*, Professor Von Hecker gives the results of his observations on knots of the umbilical cord. This state of the cord was met with 83 times in 20,515 deliveries, or once in 247 labors. These knots are brought about by the passage of the child through a loop of the cord, so placed that its foetal lies under the placental end; otherwise the passage of the child through it would only cause its disappearance. They may be produced during pregnancy or during labor; in the vast majority they arise during labor. These are readily recognized; they are loose and easily undone, and when undone leave no marks on the cord; while knots formed during pregnancy give rise to atrophy of the cord at their seat. It might be expected that a large and capacious uterus would at least favor, if it were not necessary for, the occurrence of the changes in the position of the foetus and cord which take place in the production of knots; but Hecker found such was not the case. Of the 83 cases, 32 were primiparæ, and 51 multiparæ; this proportion is much the same as the proportion

of total primiparæ to the total of multiparæ forming the 20,515 cases delivered. Of the multiparæ, again, 23 were two-para, 16 three-para, and 8 four-para, while only four women had had more than three children previously. Moreover, in only four cases was an unusually large quantity of amniotic fluid observed; while in three cases of twin pregnancies, two of them being primiparæ, knots were present. These facts appear to show that the conditions necessary to the formation of the knots are not those which favor the mobility of the child, but that their production is essentially dependent on the position of the loops of the cord during labor. In 76 of the cases the vertex presented; in 77 delivery was accomplished by the natural efforts; in 73 labor set in at full term, in nine at nearly full term, and in one at the fifth month. With regard to the effects of the knots on the child, it was found that 69 of the children were born alive; five were asphyxiated but afterward restored, four were dead before labor, three died during labor, and two were asphyxiated and not restored. This gives a considerable mortality—11 per cent; but it does not appear to depend upon the presence of the knots, for in all the cases, with two exceptions, other conditions were present which were sufficient to cause death. Again, in all the cases but four the length of the cord was above the average, and the mean length of this structure was 71.54 cm., or 21.54 cm., above the normal average. In several of the cases the placenta was attached to the lower part of the uterus. The position of the rupture in the bag of membranes showed this. This condition was noticed in 39 of the cases, and in 13 only was the tear central, while it was lateral in 20 and marginal in 6. The position of the knot was observed in 50 cases; in 41 it was near the navel of the child, and in 9 only near the placenta. In one case two knots were present, and in one case the knot was doubled. These observations are not only of great interest, but they are also of much value in their bearing upon the results brought about by knotting of the cord. Their apparent harmlessness probably depends upon the great length of the cord permitting movements of the foetus and its escape from the uterus without occasioning tightening of the knot. Indeed, knotting of the structure appears impossible—at least toward the end of pregnancy—in those cases, where the cord is short, for a certain length is necessary for the formation of a loop which would permit the passage of the child through it. It is not improbable, moreover, that the lesions which have been described as the results of loops or knots of the cord, have occurred in cases in which the cord was comparatively short, but yet of sufficient length

to permit the formation of loops or knots, but not of such length as to permit, without tightening, free movements of the child.

PROCEEDINGS OF SOCIETIES.

THE AMERICAN MEDICAL ASSOCIATION. — This Body held its thirty-fourth annual meeting at Cleveland, Ohio, June 5th. Called to order by Dr. J. C. Scott, of Committee of Arrangements. Prayer by Bishop Gilman. Gen. Meyer delivered address of welcome. All of the ex-Presidents then by invitation went upon the stage, viz., Drs. Gross, Toner, Baldwin, Richardson, and Davis. It was announced that in registering, every one would be required to observe the old rule of promising compliance with the code of ethics—no one allowed to register otherwise. Protests were made and referred to the Judicial Council. Dr. Atlee, the President, then delivered his address (this will be given in brief at a later date). There was given a vote of thanks for the address. The Ohio Medical Society, then in session at Cleveland, were invited to be present as members by invitation. Dr. Billing, U. S. A., presented a paper from the British Medical Association, asking co-operation in the work of meteorological observations. Paper referred to a committee. Dr. Didama, of Syracuse, N. Y., presented a paper from Dr. Tyndale, of New York, asking Congress for an increase in the number of signal stations—laid on the table for future action. Body adjourned.

Second day.—Met at 9.30 A.M.—Prayer by the Rev. C. S. Pomeroy. Committee on Nominations announced as follows: W. O. Baldwin, Ala.; D. A. Linthicum, Ark.; W. F. McNutt, Cal.; H. K. Steele, Col.; T. Morton Hill, Conn.; W. Marshall, Del.; A. B. Van Velsen, Dak.; D. C. Paterson, D. C.; E. Foster, Ga.; C. T. Parker, Ill.; H. D. Wood, Ind.; W. L. Robertson, Ia.; W. L. Schenck, Kan.; L. S. McMurtry, Ky.; J. W. Dupree, La.; A. J. Fuller, Me.; J. J. Chisholm, Md.; C. A. Savory, Mass.; F. R. Owen, Mich.; P. H. Miller, Minn.; G. H. Gregory, Mo.; V. H. Coffman, Neb.; D. A. Watson, N. J.; E. Grisson, N. C.; H. D. Didama, N. Y.; W. M. Beach, O.; S. D. Gross, Pa.; A. Ballou, R. I.; R. A. Kinloch, S. C.; D. J. Roberts, Tenn.; H. C. Ghent, Tex.; Alex. Harris, Va.; J. M. Lazzell, W. Va.; S. C. Johnson, Wis.; A. L. Gilson, U. S. N.; J. R. Smith, U. S. A.; Truman W.

Miller, U. S. Marine Hospital Service ; W. R. Typton, New Mex.

Dr. Pratt, of Michigan, called up his proposed amendment to constitution, providing that the present rule compelling all elections and appointments to be confined to members present, be so changed as to make this applicable only to presidents, vice-presidents, chairman, secretary of sections, the assistant secretary, and the chairman of committee of arrangements. Amendment adopted. Dr. Gross presented a paper signed by himself, Dr. O. W. Holmes, and Dr. A. Flint, Jr., asking Congress to provide a fire-proof building for Army Medical Museum Library. Dr. H. A. Johnson, of Chicago, asked aid of Association, in securing, through Congress, completion of the Index Catalogue of Library, and to secure an annual appropriation of \$10,000 for the purchase of books.

The Journal Trustees now reported. Dr. Davis, Chairman, read the conclusions at which the Board have arrived, after holding several meetings.

The Board consisted of Drs. N. S. Davis, of Chicago ; E. M. Moore, of New York ; J. M. Toner, of Washington ; H. F. Campbell, of Georgia ; J. H. Packard, of Philadelphia ; L. Connor, of Michigan ; P. O. Hooper, of Arkansas ; A. Garcelon, of Maine ; and L. S. McMurtry, of Kentucky.

A sufficient number of reports of the special committee of the Board was prepared as soon as possible and sent to each member of the Board. A programme for a weekly medical journal containing an average of thirty-two double-column pages of reading matter, was agreed upon. Each number was to contain a department for original articles, embracing all such papers, addresses, reports, etc., as should be referred for publication by the Association, and such other original matter of value as might be contributed for that purpose. A department containing a summary of the progress in the various departments of medical science ; an editorial department proper, especially devoted to the discussion of such topics as would be likely to aid in promoting the interests and efficiency of medical organizations, both National and State ; a department of correspondence from the more important medical centres, domestic and foreign ; and a department of miscellaneous items of intelligence, especially in relation to the doings of all medical and scientific societies in this country, and of such notices of the duties of committees, the presentation of papers, the practical working of associations, the time and place of meetings, as will greatly aid in rendering all the work of these bodies more systematic.

This done, the Board published forty thousand

circulars containing the principal features of the plan of the object to be accomplished, together with forty thousand blank pledges of support of such journal if published, and mailed them to members of the profession in all the States and Territories. It required three-fourths of these to supply fourteen States, leaving only the remaining fourth for twenty-seven States. The comparison of returns from States well supplied and those not so well supplied indicates that an increase of twenty-five per cent would have been realized if all the States had been supplied. As it is, two thousand one hundred and fifty answers have been received ; twelve were direct expressions of opposition to the proposed change, thirty-eight were equivocal, while twenty-one hundred were unqualified pledges of support, either by prompt payment of the annual dues or by subscription.

By reference to the list of members, it was shown that five hundred members had not answered, while nearly the same number not members have pledged their support. This makes the aggregate number of subscribers two thousand five hundred, as actual basis of income ; supposing that these members who failed to reply will still continue their membership. This would indicate a revenue of \$12,500.

It is deemed best to issue three thousand five hundred copies weekly, in order to have a sufficient number of extra copies for all purposes, including sample copies. This number, on good paper, can be issued for \$8000 a year, leaving \$4500 for editorial work and current expenses of the Association. Advertisements in a journal reaching all parts of the country, as this one would, will probably bring \$5000 more, leaving a balance after paying \$6000 for editorial work. Bids have been received from two reliable printing establishments in Washington, three in Philadelphia, two in New York, and two in Chicago.

At a meeting, held at the Grand Pacific Hotel, Chicago, January 17th, 1883, at which Drs. Toner, Packard, McMurtry, Davis, and Connor were present, it was unanimously decided to publish the journal.

The following resolutions were then adopted :

1. The editor is to take direct supervision of the work, and for business purposes should employ a clerk competent to assist in all business matters.

2. For assistance in editorial work he should select an assistant competent to collect and write up the progress being made in all departments of medical science, and should engage reliable correspondents.

3. He should establish correspondence with

Secretaries or proper officers of all State medical societies, with view to procuring official and private contributions to its pages.

4. Through his clerks, he should solicit advertisements from all medical educational institutions and hospitals open for clinical instruction, book publishers, pharmacutists, instrument-makers, and all other legitimate business interests; but all advertisements of proprietary, trade-mark, copyright, or patented medicines should be excluded. Neither should any advertisement be admitted with one or more names of members of the profession as indorsers, having their official titles or positions attached (applause).

The publication was awarded to the firm of A. D. Newell & Co., of Chicago, and Chicago was chosen as the place of publication.

It is thus seen that the Board have complied with all the instructions given them.

At the conclusion of Dr. Davis's explanation of the work of the Trustees, the Association enthusiastically adopted the report, notwithstanding an attempt by Dr. Wyle, of Connecticut, to have the lengthy statement (which occupied nearly half an hour in delivery) printed during the night, distributed to the Association, and the whole matter brought up as the special order for Thursday, at ten o'clock.

Dr. L. S. McMurtry, the Secretary of the Board of Trustees of the Association Journal, formally announced that the Board had unanimously elected Dr. N. S. Davis, of Chicago, as the editor of the Association Journal.

Dr. Davis, in reply to this announcement, said: "The announcement of my name to this position brings a duty upon me that has caused me more hesitation and has required of me a longer period of consideration to bring myself to the point of accepting the duties, than any other question of my life. When the question of journalizing the proceedings was first proposed, several years ago, by that Nestor of our profession, Prof. Samuel D. Gross, it struck me as an unsafe proceeding. When the question was again broached, a year or two later, still the bare mention of it, and the thought of the immense duties that such a position would enjoin upon whoever the Association should appoint to the great work, overcame me with the belief that such a project was impracticable. But the almost unanimous response (!) that the project has received has made it seem to me, however, that, in the progress of time and the widening circle of events, the time has come when it is not only possible, but, considering the forces and influences involved in the present

status of the profession, it is demanded that somebody shall assume the duty. For the Association must have a voice, through which it may reach, not only its own constituents, but a voice that may be an honor to our profession (applause), and extend from every ramification of our Society to countries on the other side of the ocean; and unless we do thus introduce some means, some journal of the Society, we must find the motions and resolutions which we make here from time to time laid away, eight months hence, somewhere on the shelves of libraries, with nothing left to indicate that they still have as strong an existence as when they were passed. With the full impression of the importance of the work, then, and keeping in view my life motto, that has been my guide for forty or fifty years of activity: 'Whatsoever thy hand findeth to do, do it with all thy might, trusting to a Higher One for the result.'

"I have consented to assume the charge, but fair, fair as it looks and encouraging as have been the responses to these circulars from all quarters of the country, showing the project great favor, I must ask you, gentlemen, not to expect to see at the end of thirty days or thirty months a complete journal free from faults. The *British Medical Journal* has been referred to as our model, but I beg you to remember that this journal required years of growth before it attained its present standing, and you must not expect too much of us in the first issues. Our arrangements are such now that we suppose the first number of the journal will reach you on or soon after July 1st, and if there should be any delay in its appearing, I beg you to remember that no man can prevent certain little occurrences which may cause a delay of a day or two, and I assure you that all I have to do will be done as honestly and as thoroughly as I am able, for if I have a few years longer to work for the profession and humanity, it is for these that I work. If I can see from this project an addition to the development of our National organization, or of its constituencies in the State and local societies, and that they have a journal that is in some measure a fitting voice through which they may express their thoughts and record their proceedings, I shall complete my course of life fully satisfied that I have not lived in vain. I hope the Association in any action it may take during the remainder of this session may be cautious about doing many things, especially anything that shall involve unnecessary expenses until we see how the balance sheets shall turn out at the end of another year.

"I would now, in view of the position and duties

assigned me by the Board of Trustees, respectfully resign my position on that Board, and I would announce that I have already obtained the conditional assent of Dr. William Lee, of Washington City, to take charge of writing that most important branch, the progress of medical science throughout the world, well knowing that his opportunities in commanding an extensive range of medical literature admirably fit him for the position."

Dr. Solis Cohen moved that the Board of Trustees be instructed to print in a thin octavo volume the minutes of the American Medical Association, as held. This form would be more acceptable to the profession, and would free the journal of a great deal of uninteresting matter.

Dr. Hibbert, of Indiana, said it seemed to him unwise to encumber the Board with any more duties.

Dr. Quimby, of New Jersey, said: "I think the motion of Dr. Cohen a good and sensible suggestion, because it will not cost much to print the bulletin he proposes, and it will leave the journal unencumbered with a great amount of mere reports of little interest."

It was moved to refer this question to the Board of Trustees.

Dr. Quimby said the Board of Trustees have nothing to do with the matter, and it is the duty of the Association to decide it.

He was ruled out of order, and the original motion was passed.

Dr. Bush, of Delaware, moved a vote of thanks to Dr. Davis, for his kindness and self-denial in accepting the duties imposed upon him; adopted.

Dr. A. Palmer inquired whether those who signed the Constitution and Code of Ethics bound themselves to it by everything in the Constitution, or that may hereafter be placed in it.

The Secretary replied that he was bound by everything now in the Constitution, but that anything hereafter placed therein must be signed before it is binding.

Dr. J. H. Hollister, of Illinois, Chairman of the Section on Practical Medicine, then delivered an address on Medicine, and immediately after the address on Obstetrics and Diseases of Women was given by Dr. J. K. Bartlett, of Wisconsin. This able address, on account of the temporary disability of the author, was read by a friend. Dr. Toner presented his reports on necrology, and the Body adjourned.

Third Day.—The Association was called to order at 9.30 A.M. by the President. Prayer was offered by the Rev. N. S. Rulison, D.D.

Dr. Keller, of Arkansas, called up his proposed

an amendment to the By-laws, permitting the Committee on Nominations to fix the time and place of holding the annual meetings; amendment was adopted.

Dr. Bachelder, of Providence, R. I., introduced the following:

Resolved, That a committee be appointed by the President, to consist of one or more persons from each of the States, who shall be members of this Association, to urge upon each legislature the enactment of more stringent laws in relation to all toxic agents. The resolution was adopted.

Dr. Pratt, of Michigan, referred to the death of William Farr, of England, and introduced a resolution expressive of high appreciation of the labors of this gentleman in collating vital statistics. The resolution was adopted.

Dr. S. D. Gross offered the following preamble and resolution:

Whereas, Good nursing is of paramount importance, and whereas the subject is one which strongly addresses itself to the common-sense of every intelligent member of society; therefore be it

Resolved, That this Association, fully recognizing the importance of the subject, respectfully recommends the establishment in every county or town of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction to be given by competent medical men, members of county societies, if possible, either gratuitously or at such reasonable rates as not to debar the poor from availing themselves of this benefit. The resolutions were adopted.

Dr. Walter Hay, of Illinois, offered resolutions providing for the organization of a special section to be devoted to the subject of psychological medicine. Laid over for one year.

Dr. N. S. Davis, of Chicago, reported from the Standing Committee upon atmospheric conditions and their relation to the prevalence of disease.

The report was accompanied by extensive tables illustrating the work done by Professor Long and others. Special attention was directed to one fact, namely, that not a physician in New York City should be secured to co-operate in making observations.

The report closed with the following proposition: That the committee be authorized to furnish their report for publication as a part of the transactions of the Association, and to continue the investigations now in progress, with the privilege of drawing upon the treasury for so much of the unexpended balance of the former appropriation as might be necessary.

The resolutions offered by Dr. Didama in behalf of Dr. Tyndale, of New York, at the session on Tuesday, were then taken from the table and referred to the Committee on Atmospheric Conditions.

The president appointed the following delegates abroad: E. J. Engelman, St. Louis; Wm. M. Finley, Altoona, Pa.; Walter L. Ziegler, Pennsylvania; M. H. Alter, Pennsylvania; R. B. Cole, San Francisco; J. H. Warren, Boston; C. H. Vonklein, Hamilton, O.; Wm. M. Lawlor, San Francisco; Henry Martin, Boston; J. C. Hutchison, Brooklyn; A. M. Howes, Detroit; E. Borck, St. Louis; T. F. Prewitt, St. Louis; E. P. Allen, Pennsylvania; H. McCall, Michigan; I. N. Quimbý, New Jersey; S. La Gordon, Maine.

Dr. Pollak, of St. Louis, introduced resolutions purporting to come from the St. Louis Medical Society, asking that the American Medical Association appoint a committee to take into consideration the advisability of revising the code of ethics, and to report at the annual meeting in 1884. The communication and the resolutions were laid upon the table. Dr. Brodie moved that all papers before being read should secure the approval of the chairman of the section to which it was referred. The motion was laid upon the table.

Address of the chairman of the section in surgery and anatomy, by Dr. W. F. Peck, of Iowa, was then read, followed by that on State medicine by Dr. F. Pratt, of Michigan.

The treasurer's report showed a balance in the treasury of \$903.93. The librarian reported that the number of distinct titles in the library is eighteen hundred and seventeen; in five thousand seven hundred and thirteen volumes, inclusive of pamphlets. He recommended that the home and foreign journals be continued, and that \$200 be placed at the disposal of the librarian for purposes of securing and binding pamphlets and journals, also that the subscription of \$50 be continued for the Index Medicus. The report was accepted and the recommendations adopted. The Committee on Publication, Dr. Fricke, chairman, made its report, which was received and ordered entered upon the minutes.

REPORT OF THE COMMITTEE ON NOMINATIONS.

President—Austin Flint, New York. *Vice-Presidents*—R. A. Kinloch, South Carolina; T. B. Lester, Kansas City; A. L. Gihon, U. S. Navy; S. C. Gordon, Maine. *Treasurer*—R. J. Duglison, Pennsylvania. *Librarian*—C. H. Kleinschmidt, District of Columbia. *Chairman Committee of Arrangements*—A. Y. T. Garnett, Washington,

D. C. *Assistant Secretary*—D. W. Prentiss, Washington, D. C. *Members Judicial Council*—F. D. Cunningham, Virginia; H. O. Marcy, Massachusetts; W. O. Baldwin, Alabama; J. S. Billings, U. S. Army; N. W. Miller, U. S. Marine Hospital Service; E. Grissom, North Carolina; R. N. Todd, Indiana, to fill vacancy; E. W. Clark, Iowa.

Committee on Necrology was announced.

OFFICERS OF SECTIONS.

Practice of Medicine—J. V. Shoemaker, Pennsylvania, Chairman; W. C. Wilecomm, Secretary. *Surgery and Anatomy*—C. T. Parks, Illinois, Chairman; H. O. Walker, Michigan, Secretary. *Obstetrics and Diseases of Women*—T. A. Reamy, Chairman, Cincinnati, O.; J. T. Jelks, Arkansas, Secretary. *State Medicine*—D. J. Roberts, Tennessee, Chairman; Franzoni, Washington, Secretary; J. Cochran, Alabama; J. J. McAlmat, Arkansas; W. D. McNutt, California; Chas. Dennison, Colorado; C. W. Chamberlain, Connecticut; J. B. Vanvelser, Dakota; J. P. Logan, Georgia; O. C. Dewolf, Illinois; G. Sutton, Indiana; W. S. Robertson, Iowa; D. W. Stormont, Kansas; J. P. Thompson, Kentucky; S. C. Chaille, Louisiana; S. H. Weeks, Maine; John Norris, Maryland; H. J. Bowditch, Massachusetts; F. K. Owen, Michigan; C. N. Hewitt, Michigan; N. M. Milligan, New Mexico; S. Townsend, D. C.; M. Simmons, South Carolina; S. P. Bush, Delaware; H. Carpenter, Oregon; H. A. Gault, Mississippi; L. Hall, Missouri; L. Larsh, Nebraska; E. M. Moore, New York; E. M. Hunt, New Jersey; J. McKee, North Carolina; T. L. Neal, Ohio; R. J. Duglison, Pennsylvania; C. H. Fisher, Rhode Island; C. C. Fite, Tennessee; T. D. Wooten, Texas; S. W. Thayer, Vermont; J. L. Cabell, Virginia; Moffit, West Virginia; J. T. Reeve, Wisconsin; J. R. Smith, United States Army; J. M. Brown, United States Navy; T. H. Bailhoche, United States Marine Hospital Service. *Ophthalmology, Otology, and Laryngology*—J. J. Chisholm, Baltimore, Chairman, Thompson, Indianapolis, Secretary. *Diseases of Children*—Wm. Lee, Maryland, Chairman; W. R. Tipton, New Mexico, Secretary. *Oral and Dental Surgery*—T. W. Brophey, Illinois, Chairman; J. S. Marshall, Illinois, Secretary.

Place of Meeting, 1884—Washington, D. C., first Tuesday in May.

Dr. Didama, of Syracuse, then read the following letter from Dr. Austin Flint:

"Circumstances render it necessary for me to return early to-day, June 7th, to New York. Will you kindly express to our brethren, the Members of

the American Medical Association, with my sincere thanks, an assurance that I thoroughly appreciate the great honor which has been conferred on me. I accept the honor, feeling assured that I may confidently expect co-operation and indulgence in my efforts to fulfil the duties which it involves."

The Association then adjourned, to meet at 9 A.M. Friday.

FRIDAY, JUNE 8TH—FOURTH DAY.

Association called to order at 9.30 A.M. by the President. Prayer by Rev. C. T. Collins.

Dr. Toner withdrew his proposed amendment that the office of Permanent Secretary be vacated.

Dr. Davis, from the Judicial Council, reported that the petition of D. W. Day be returned, with leave to supplement the paper with a written statement of the character of the new evidence he proposed to introduce. Further, that in the case of D. H. Goodwillie, of New York, the Council decided, that his registration be cancelled, and the annual dues be returned.

Dr. Turnbull offered a resolution that the Legislature of each State be petitioned to pass laws requiring railroad employes to be examined regarding their hearing before taking charge of any railroad train. Referred to Section on Otology.

Dr. Pratt offered a resolution, that being impressed with the importance of the Parliamentary Bills Committee of the British Medical Association, the American Medical Association urge upon Congress the subject of competent medical sanitary service on board all transatlantic ocean vessels; that a committee of five be appointed to report on the subject at the next session. Adopted.

Dr. Bell, of New York, offered a resolution that all papers hereafter offered, except the address of the President and the Chairman of Sections, shall be first referred to the trustees of the journal.

Dr. Brodie moved resolutions of respect to the memory and labor of the late General J. K. Barnes. Adopted.

Dr. Keller offered a resolution that in the near future, cremation will become a necessity in large cities and populous districts in the country, and asked that it be referred to the Section on Hygiene. Carried.

The President appointed the following delegates to the Canadian Medical Association: Drs. W. Brodie and H. L. Walker.

Dr. Toner moved the thanks of the Association to the Secretary and Treasurer for the efficient and satisfactory manner in which they have discharged their duties. Adopted.

The President then invited the Vice-Presidents elect to the platform, made a few remarks complimentary to the President elect, and bade the Association an affectionate farewell. The Vice-President took the Chair, and declared the Association adjourned, to meet on the first Tuesday in May, 1884, at Washington, D. C.

CORRESPONDENCE.

SAN DIEGO, CAL., May 23d, 1883.

DR. E. S. GAILLARD—*My Dear Doctor*: Dr. Beatty's paper, read at a recent meeting of the Academy of Medicine, in Ireland, ascribes the left side pain, in otherwise healthy subjects, to the dragging of a loaded colon on the pleuro-colic ligament, and a consequent extreme irritability of the nerves.

Unquestionably, the left side is the seat of many peculiar ills, such as pain under the left scapula, so called kidney and splenic pains, certain functional derangements of the heart, and especially spurious pleuritic stitches with their respiratory phenomena; but it has seemed to me that such attacks were largely attributable to a flatulent condition of the splenic flexure of the colon. It is well known that the transverse division is the most movable portion of the colon: that it is capable of enormous distension; and that the splenic flexure lies in the left hypochondriac region in somewhat intimate relation with several of the abdominal and thoracic viscera. Now, when greatly inflated, as it is prone to be, it may have a colic *sui generis*, which the sufferer interprets as an affection of the kidney, spleen or lung; or by pressing upon some of the adjacent organs, and interfering with their function, it may cause the anomalous symptoms.

That it is gas rather than fæces may, I think, be inferred from the fact that attempts to localize the offending organ will often disclose an abnormal resonance, and, if in quest of a supposed pleurisy, auscultation, practised over an extensive area, will fail to detect any respiratory murmur. Furthermore, relief from the pain will usually and quickly follow a proper administration of carminatives and kindred remedies. Nothing in my experience acts more promptly than a clyster containing turpentine, for example, and that whether followed by an evacuation or not! I find that nervous and irritable persons are especially subject to these attacks, and that they are not necessarily of a constipated habit. It may be that a loaded colon is an important factor in the production of this form of flatulence, but I

have often removed a mustard cataplasm and applied my stethoscope to the seat of pain to find merely an accumulation of gas.

I shall be glad to hear the views of others upon this fruitful theme—left-side pain—and am, meanwhile,

Faternally yours,

C. M. FENN, M.D.

MORGANTOWN, KY., May, 1883.

DOCTOR GAILLARD—*Dear Sir*: A stout, healthy male child, aged 7 years and 7 months, was killed on the evening of the 16th of February last, in this place, by the external application of a mixture of pure carbolic acid, flowers of sulphur, and hog's lard, in about equal parts. The parents prepared the mixture, and applied it as a remedy for what they called "itch," properly "prurigo." In answer to the hasty summons, I had to go about three hundred yards. On my arrival, I found the child lying on his back on the carpet, entirely naked, and dead. The pupils were *greatly dilated*, but there was no cyanosis of the lips, and there was no spasm of the muscles. I learned, that upon the liberal application of the mixture to the entire body, spine, and limbs, he displayed no evidence of pain, but rather twisted or writhed his body about somewhat, and sank down to the floor, and died in less than five minutes. I send you a report of the case, first, because of its instructiveness, and, secondly, to inquire how was death brought about so quickly?

I hope some learned readers of your valuable journal will give the true explanation of its speedy effects for the benefit of the profession generally.

R. B. MOREHEAD, M.D.

REVIEWS.

POCKET THERAPEUTICS AND DOSE BOOK. By MORSE STEWART, JR., B.A., M.D. Third Edition, Revised and Enlarged. 32mo, 240 pages. Price, cloth, \$1; morocco, \$1.50. Detroit, Mich.: Geo. D. Stewart & Co., 1882. (From publishers.)

This is really a "pocket" book. It is small enough, too, to go into any pocket, if that be a virtue. It seems ludicrous to have as many "pocket" books as there are at present; for anatomy, physiology, practice, prescriptions, the method of writing prescriptions, obstetrics, surgery, and the rest. Verily, if a physician bought them all, and wore one in each pocket, he would present an appearance most terrifying to all whom he might meet. Do the

authors of these curious little volumes ever think of this?

When practitioners are so professionally poor, that, like a bandit, they must "draw" from their pockets the weapons with which they are to secure a livelihood, every community will be more afraid of them than it has ever been; and well it may be.

The physician who is to practise with a professional "weapon" in each pocket would be certainly a most dangerous fellow. The doctors, at least, would be afraid of him, for they would know what was the cause of it all. A physician ought to be as erudite as possible; he cannot be too much so; but then his stock of knowledge should be in his head, and not in his pockets.

The profession have had enough of these curious little pocket-books. They want systematic works. This little book is very fair of its kind. It contains, in brief, a classification and explanation of the actions of medicines; the minimum and maximum doses of medicines; the genitive endings of all medicines and preparations; index of common and pharmaceutical names; index of diseases with appropriate remedies; tables of solubilities; illustrations and examples in prescription writing; poisons—their symptoms, antidotes and treatment; incompatibilities and antagonists; useful hints to the prescriber, etc., etc.

CONTRIBUTIONS TO PRACTICAL GYNÆCOLOGY. Illustrated with sixteen wood-engravings. By S. JAMES DONALDSON, M.D., Surgeon to Gynæcological Wards, Ward's Island Hospital. New York: Trow's Printing and Bookbinding Co., 1882. Paper. Pp. 134. (By mail, from J. H. Vail & Co., 21 Astor Place, New York.)

These are the published papers which the author read before the N. Y. Medico-Chirurgical Society. They show a very fair familiarity with the literature of the subject, and are clearly and well written. Inasmuch, however, as the same material is to be found in the systematic works on gynæcology, the reason for publishing is not evident.

MEDICAL ELECTRICITY: A PRACTICAL TREATISE ON THE APPLICATION OF ELECTRICITY TO MEDICINE AND SURGERY. By ROBERTS BARTHOLOW, A.M., M.D., LL.D., Professor of Materia Medica and Therapeutics, Jefferson Medical College, etc. Second Edition, Enlarged and Improved, with one hundred and nine illustrations. 8vo, 391 pages. Philadelphia: Henry C. Lea's Son & Co., 1882. (From publishers.)

The great objection to this work, as to almost all others on this subject, is that too much space is de-

voted to the description of electrical apparatus and their construction. It is very questionable whether there is over one per cent of physicians who care to obtain this information, and if so, all such matter is mere "stuffing." What physicians really desire to learn is something reliable in regard to the therapeutic effects of different forms of electrical application, what currents to use, when, and for what periods. The author of such a book will find a vast demand for it.

The present volume is chiefly a compilation. It is neither better nor worse than several kindred works, and is so well known as not to need a notice in detail.

MISCELLANEOUS.

A WRITER in one of the journals says he has found the application of a strong solution of chromic acid, three or four times a day, by means of a camel's-hair pencil, to be the best and easiest method for removing warts.

TO REMOVE fixed glass stoppers, tap and then unscrew with this sort of a wrench made of a piece of strong wood: Have the wood 3.5 inches long and 1 inch in breadth and depth, with a piece mortised out large enough to admit the flat part of the glass stopper.

THE MICROPHYTE OF YELLOW FEVER.—Dr. Carmona del Valle believes that he has detected the microphyte characteristic of yellow fever, and proposes to name it *peronospora lutea*. The germs of the cryptogam are found in the patient's excretions, and in the fluids of the organism, especially the blood and the serous discharge resulting from blisters. Dr. Carmona del Valle has also discovered in the matter vomited, besides spores, a large quantity of mycelia of various colors, black predominating. The vomito negro (black vomit), according to this author, is due to the presence of these black mycelia; and the blood has not any influence on the color. In urine, he has observed small yellowish granules, which give birth to spores. If rabbits or dogs be injected with this urine, they exhibit febrile symptoms, with increase of temperature, which last two or three days; and the urine of the animals under experiment presents the same kind of granules as those observed in that of yellow fever patients. Animals which have once been subjected to injection resist the effects of a second. In order to render an animal exempt from yellow fever, it is sufficient to inject into it a small quantity of distilled water containing the specific

fungus of the disease. The spores of the *peronospora lutea* are present in the urine of yellow fever patients for a length of time after their recovery. Their presence, Dr. Carmona del Valle believes, is the reason why such patients are not subject to a second attack.

THE *Therapeutic Gazette* of Detroit is doing good work in showing the real meaning of such advertisements as the following, many of which appear in the secular and religious press:

A CARD.—To all who are suffering from the errors and indiscretions of youth, nervous weakness, early decay, loss of manhood, etc., I will send a recipe that will cure you *free of charge*. This great remedy was discovered by a missionary in South America. Send a self-addressed envelope to the Rev. Joseph T. Inman, Station D., New York City.

The *Gazette* has proved this fellow to be a thief and impostor.

ANTIDOTES FOR STRYCHNIA.—Dr. McReddie (*Proceedings of the N. W. Provinces Branch of the British Medical Association*, 1883), after injecting strychnine into dogs, has tried the effects of antidotes on the animals, using inhalations of chloroform, amyl nitrite, atropine, and eserine. He finds that all these remedies are inefficacious, neither preventing the fatal result, nor arresting the convulsions.

A NOVEL AGENT IN THE RADICAL CURE OF HYDROCELE. J. E. W. Walker, M.R.C.S.E., L.S.A., late H.M. 55th Regt., writes: "In bringing this matter before the profession, I feel bound to admit that, but for a curious accidental circumstance, the agent might never have presented itself to my notice. In the year 1875, I proposed to operate upon a patient, aged 65, for the radical cure of hydrocele of the tunica vaginalis. The disease had existed for about ten years, and had been repeatedly emptied by other surgeons. At this time I removed, by the trocar and cannula, about twelve ounces of serum, and, by accident, took from my pocket a bottle containing about two drachms of liquor ergotæ (Battey) in the place of the same quantity of tincture of iodine, which it was my intention to throw into the cavity. On my return home, I discovered the mistake, and watched the patient for some hours at intervals. No inflammatory state occurred, and there was entire absence of pain, so that I allowed my patient to return to his ordinary occupation the next morning. To the present time there has been no return of the abnormal secretion. I have since, on two occasions,

used the same plan with perfect success, and I attribute the cure to a specific action, exerted by ergot which re-establishes the balance between secretion and absorption."—*British Medical Journal*.

SYNTHESIS OF URIC ACID.—Much interest attaches to the recent discovery by Horbaczewski of the synthesis of uric acid from urea. That these two bodies are chemically related has long been known; for, by oxidation uric acid yields urea, or rather the products of the oxidation of urea. On physiological grounds there has also been every reason to suppose that urea and uric acid are associated in some hitherto unknown manner. The merit, nevertheless, of first distinctly proving the connection by the conversion of the less complex urea into the more complex body, uric acid, belongs entirely to Horbaczewski. The transformation was effected by heating urea with glycerine in a sealed tube, to a temperature of 392.446° Fahr. In this way, and by further purification, a distinct quantity of uric acid was obtained in a crystalline form.

HEMORRHAGE FROM THE LACHRYMAL DUCT DURING EPISTAXIS.—Mr. D. Hoadley Gabb, M.R.C.S., of Hastings, describes the following remarkable case: "Mr. S., aged 50, with mitral disease and albuminuria, sat out one of our recent sunny days, and caught a chill, which culminated in an attack of bronchitis and a relaxed state of the fauces and uvula, producing severe spasmodic cough; during one of these paroxysms, epistaxis, from the right nostril especially, came on rather profusely, and I was sent for. There was no difficulty in arresting it by plugging the anterior nares with dry lint. In two or three hours, after a severe cough, the hemorrhage returned, and a messenger was sent for me, saying the bleeding had come back, and was running out of his nose and eyes; and so I found that the blood had welled up through the right lachrymal duct, and was suffusing his eye, so that he was constantly obliged to wipe it, and the handkerchief was pretty well stained with the blood, and the discharge only ceased when the nose left off. I have never met with the phenomenon before, neither have others to whom I have mentioned it; and so, I think, perhaps it is worth recording."—*British Medical Journal*.

HYDATIDIFORM DISEASE OF THE CHORION.—Mr. Edward Stephens, M.R.C.S., of Ilminster, writes: "On September 7th, I was sent for by a midwife to attend Mrs. C., who was flooding. On my arrival, the hemorrhage had stopped. On making an examination, the uterine sheath was not sufficiently dilated to be able to ascertain its contents. On passing

my hand over the abdomen, I remarked to the midwife, how unusually circular it was. On the following afternoon, I was again hastily summoned, and found the woman had lost much blood. On making an examination, I found that, by a little manœuvring, I could insert my hand into the uterus; and I vividly remember how astonished the midwife and Mrs. C. looked, when I informed them that it contained no child. In fact, Mrs. C. stoutly declared that she had felt the child many times; and that, being the mother of thirteen children, all living, she ought not to have been mistaken. After administering a full dose of ergot, some sharp uterine pains followed—soon expelling a mass, which, when collected, filled three ordinary-sized chamber-utensils. After this jelly-like mass had been expelled she rapidly recovered, and made an uninterrupted recovery."—*British Medical Journal*.

MARRIAGE AND THE MICROSCOPE.—The extremes to which microscope cranks are liable to go receive an apt illustration in the following, quoted from Heitzmann's *Microscopical Morphology*: Marriages should be allowed, in doubtful cases, only upon the permit of a reliable microscopist. Last season a young physician asked me whether I believed in the marriage among kindred. He fell in love with his cousin and so did his cousin with him. I examined his blood and told him that he was a "nervous" man, passing sleepless nights, and had a moderately good constitution. The condition being suspected in the kindred lady, marriage was not desirable for fear that the offspring might degenerate. So great was his faith in my assertions that he gave up the idea of marrying his cousin, offering her the last chance, namely, the examination of her blood. The beautiful girl came to my laboratory and, very much to my surprise, I found upon examination of her blood a first-class constitution. The next day I told the gentleman, "You had better marry her."—*The Age*.

MEDICAL NEWS.

AN Act passed by the Ohio Legislature on March 15th, 1883, providing for the systematic sanitary inspection of schools, deserves notice as being the first law ever passed by any State in the Union providing for such inspection. It is to be hoped that other States will speedily follow the example set by Ohio.

DR. NATHAN BOZEMAN, Surgeon of the Woman's Hospital, whose life was despaired of some time ago, has so much improved that the physicians in attend-

ance on him now predict that his restoration to perfect health is only a question of a short time.

PASTEUR has studied the pneumo-enterites of pigs, which has carried off last year in the Valley of the Rhone alone more than 20,000 swine. He traces the affection to microbia.

THE law of 1879 which gave the National Board of Health supervision over consular ports having expired by limitation, the Marine Hospital officials have determined to continue the service over all vessels leaving Cuban ports for the United States. Dr. Burgess, who acted as the agent of the Board of Health in Cuba, will be designated for this service.

THE death has recently occurred at Newbury of Mr. Robinson, M.R.C.S., who had entered upon his ninety-first year. Mr. Robinson began his career as an army surgeon, and was present on duty at the battle of Waterloo. His connection with Newbury was of long duration, and for some years he was a member of the Newbury Corporation.

THE Suez Canal is in a fair way of becoming an open and stagnant sewer. The stations on its banks are drained into its waters. It is never flushed, there is no tide, and the stench is becoming intolerable. Diarrhœa and sickness prevail in vessels detained in the canal, and as detentions are increasing in number and duration, the matter is becoming serious.

THE Presbyterian Eye, Ear, and Throat Charity Hospital, of Baltimore, whose new building was recently dedicated, is (says the *New York Medical Record*) supported in a somewhat novel way. Each of the Presbyterian churches in the city in succession takes charge of the hospital for a month, paying all expenses. When a congregation is too small to bear the expense, two are united.

DR. DRUITT.—We regret to learn of the death of Dr. Robert Drutt, which took place on Tuesday, May 15th, at his residence in Kensington. Dr. Drutt was well known as the author of the "Surgeon's Vade Mecum," a work which has enjoyed a high popularity among medical students and practitioners, and has passed through eleven editions. For many years, he took an interest in sanitary matters and held for some time the office of medical officer of health for a metropolitan district. He was also the author of several contributions to medical periodicals, and of a "Report on Cheap Wine." Dr. Drutt, who had, we believe,

been in failing health for some time, was sixty-eight years of age at the time of his death.

"BOOK ABOUT DOCTORS."—Dr. J. Cordy Jeaffreson, its author, has recently presented to the world, in two handsome volumes, "The Real Lord Byron." These volumes, relating to one of the strangest of poets, are at this moment the talk of London society, and will for many a long day be discussed with singular intensity of interest. But they are something more than of general interest; they have about them many special characteristics, which to the profession of medicine will be read like parts of a medical narrative.

HELD FOR STEALING FROM DOCTORS.—William J. O'Donnell, aged forty-four years, who says he is a physican and resides at No. 84 Catharine Street, was held in \$600 bail by Justice Herrman, in the Yorkville Police Court, last week, on a charge of having stolen a number of surgical instruments from the office of Dr. Arpad G. Gerster, of No. 107 East Twenty-third Street, a relative of the opera singer, Mme. Gerster.

THE opium dens are not all confined to the Chinese quarter in Mott Street, as is shown by the recently published confession of a woman who kept a fashionable smoking parlor up town, from which it appears that ladies, apparently of good social position, were her regular customers. Her place was given up only because one of the victims told the secret, and ladies were ashamed afterward to be seen entering the "millinery establishment."

CAISSON DISEASE.—During the excavating for the foundations of the towers of the Brooklyn bridge one hundred and ten cases of "caisson disease" occurred, including that of Mr. Roebling, the engineer under whose direction the structure was completed, and at least three of these proved rapidly fatal. Dr. Andrew H. Smith several years ago published some interesting articles in regard to the effects of compressed air in this connection. During the progress of the work some twenty lives were lost from injuries; the first being that of Mr. John A. Roebling, the author of the plan of the bridge, and father of the present engineer, who died of tetanus from having his foot crushed at Fulton Ferry in July, 1869, while selecting the site for the Brooklyn terminus.—*Boston Med. Jour.*

THE late minister to the Court of St. Petersburg from Japan has been visiting New York on his way home from Russia with a small party, which includes Dr. Kitao, who has just taken the degree of

Doctor of Philosophy at the Berlin University. The doctor is about to return to Japan to practise.

FUNERALS.—It is proposed, in consequence of the number of deaths which are occasioned by colds caught at funerals, that skull-caps and gum shoes and Scheveningen wind-screens at the grave shall be as regular paraphernalia of funerals as the pall, the "weepers," and the hearse-horse. The suggestion, says the *New York Herald*, is practical and praiseworthy. It is in line with the recently adopted provision of India-rubber suits for baptism by total immersion, and bears testimony that we live in a progressive age. A better system, however, is that established in Utica, Oneida County. The principal cemetery there is provided with two chapels—one of stone, where funeral services are held in the summer; the other of iron and glass, where they are held all the rest of the year. Into this "conservatory chapel," full of tropical verdure, the funeral train passes through a covered carriage-way, and the services are held in light and warmth, among trailing vines and blooming shrubs.

MEDICAL SECRETS AND THE WITNESS-BOX.—The law of this country, that no medical witness can claim exemption from answering a question because the answer might involve a violation of secrecy, or even implicate the character of the patient, is, perhaps, sufficiently well known. Few medical men, we imagine, assent to the application of this principle; and we are glad to learn, as an augury of better things, that, in the State of New York, it has been decided that "no person duly authorized to practise physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

"WOMEN DOCTORS."—Mr. Kittredge, of Bombay, has made a proposal to raise, with the co-operation of natives of India, a fund guaranteeing women doctors against loss, who are willing to go out from England to that country. The Queen has expressed her interest and approval of the efforts to send out these women, although she did not subscribe to the fund. The difficulty in India is that both religion and several laws forbid the Hindoo women of the upper castes the aid of a male physician, and she is, in consequence, left to the mercy of ignorant native midwives and wise women. Hindoos of influence and wealth are exceedingly anxious to provide their wives with the attendance of educated female practitioners.

Hence Mr. Kittredge's movement. American women doctors, with equal knowledge and experience, will be as welcome as the English in this far-off land.

THE ASTLEY COOPER PRIZE.—It is announced that the subject chosen for competition for the next award of the Astley Cooper Prize is, "Diseases and Injuries of the Nerves and their Surgical Treatment, together with the Operations performed upon Nerve-trunks in the treatment of various diseases, and descriptions of the changes which ensue in other structures as well as in the Nerves themselves from these Operations." The value of the prize is £300; and it will be awarded to the author of the best essay or treatise on the above-named subject. The essays must contain original experiments and observations, not previously published, and should be illustrated by preparations and by drawings, which, together with the successful essay, become afterward the exclusive property of Guy's Hospital. The prize cannot be awarded to any essay that is the joint production of any two authors, nor to any relative of any physician or surgeon of Guy's or St. Thomas' Hospital; with these exceptions, it is open for competition to the whole world. Essays in English, intended for this competition, must be sent to Guy's Hospital on or before January 1st, 1886, addressed to the Physicians and Surgeons of Guy's Hospital; they must be distinguished by a motto, and accompanied by a sealed envelope containing the name and address of the writer. None of the envelopes will be opened except that which accompanies the successful essay; and the unsuccessful essays or treatises, with their illustrative preparations or drawings, can be claimed again after the competition, by the respective writers or their agents. A printed form of notice of the conditions of the competition may be had on application to the Dean of Guy's Hospital.

PROF. BERTHELOT maintains that the true element carbon is as yet unknown; that it must be of a gaseous nature, and that diamond, graphite, etc., are but states of the veritable carbon.

THE NORTH CAROLINA BOARD OF HEALTH has failed to receive an appropriation from the Legislature.

SIR WILLIAM JENNER has been re-elected President of the Royal College of Physicians, London.

THE Medical Society of Louisville, Ky., has just been organized. Dr. Preston B. Scott was elected President; Dr. L. P. Yandell, First Vice-President; Dr. Coleman Rogers, Second Vice-President;

Dr. W. B. Doherty, Secretary. The Judicial Council consists of Drs. D. W. Yandell, Turner Anderson, H. K. Pusey, Wm. Bailey, and J. A. Oeterlorey.

THE NEW YORK CITY HEALTH BOARD.—Mayor Edson, of New York City, has nominated Professor Charles F. Chandler, of Columbia College, as Health Commissioner and President of the City Board of Health, and this nomination has been rejected by the Board of Aldermen by a vote of thirteen to ten, those voting for its rejection being eleven Tammany Hall Democrats and two Republicans.—*Med. News.*

The cause of the rejection was solely due to the desire of the Tammany managers to secure the office for one of their own men, and not to any special hostility to Professor Chandler. As the appointment is for six years, at a salary of \$5000 per year, and as the holder can control a number of subordinate appointments, it will be seen that, from a politician's point of view, it is worth fighting for.

The rejection of Professor Chandler, who has held this office for ten years, and done much good work in it, has given rise to great dissatisfaction among the leading business men and property owners of the city, and a petition, signed by about three thousand such gentlemen, requesting Professor Chandler's confirmation, has been presented to the Aldermen through the Mayor, but with no effect. There is every prospect that "General" Shaler, who has no qualifications for the place, will be nominated and confirmed. "The times are out joint."

EDITORIAL.

THE AMERICAN MEDICAL ASSOCIATION.—The late meeting, at Cleveland, was eminently successful. The attendance was large. The harmony complete. The section work better than usual, though the reading of papers read elsewhere ought not to have been allowed.

The election of Dr. Austin Flint, Sr., to the Presidency was a great honor never more fitly bestowed upon any one; he is thoroughly deserving of such a reward; for his professional record is unsurpassed, and his personal life is without a spot or blemish. To attempt to connect his election, at this time, with his recent conspicuous record in defence of the Code of Ethics, is not only unjust and unwarranted, but it is supreme folly.

The physicians of this country demonstrated, through their delegates, at this meeting, that they are opposed to any change in the Code of Ethics; and that if any are to be made, the work must be done

by the parent Body—the American Medical Association. This is as it should be, for if every State Association is to be allowed to make a code, there can be nothing less, very soon, than chaos and absurdity.

The Association has determined to publish a weekly journal. It has elected Dr. N. S. Davis as its editor. This journal has said all that it regarded as a duty, incumbent on the medical press throughout the country to say, and it has nothing to add and nothing to retract. It does, however, wish the enterprise success, and will do all that it may be able to foster and aid it.

According to the official report, there are, at present, but two thousand one hundred who have responded favorably to forty thousand circulars; and in this number (two thousand one hundred) are included all, but five hundred, of the membership of the Association. This gives a promise of but \$10,500, even if all who replied favorably to the circulars pay their subscriptions promptly. The official estimated cost of the journal is \$8000 a year (a very small estimate), and for the editorial work \$6000 are to be paid. This leaves a deficit of \$3500. That this may be met in part by advertisements and subscriptions is true, but a deficit of \$3500 in the initial estimates for such a work is something that practical men must regard as most serious and discouraging.

The physicians of this country, when they learn the importance of coming to the aid of the journal of the Association, will certainly lose no time in doing so; but that the Association could regard the report of the journal Trustees as demonstrating a condition all *couleur de rose*, only shows that they know absolutely nothing about the practical demands of journalism; its great cost; its inevitable risks; its unavoidable losses; and its constant pecuniary contingencies, for the meeting of which large sums of money must be provided.

With this plain statement of facts, this journal will be among the first to give the Association Journal a thorough support.

The Association meets next May, at Washington, D. C.

MEASURES OF SANITARY POLICE TO CHECK THE PROGRESS OF SMALL-POX.—A few days ago, Dr. F. Formento, member of the State Board of Health (Louisiana), read to that Board a valuable paper "On Measures of Sanitary Police necessary to Check the Progress of Small-Pox," which disease has been quite prevalent of late in New Orleans.

In that paper Dr. Formento insisted upon the absolute necessity of vaccination of all children before they reach the age of six months, and of

re-vaccination, to be repeated at least once every six years, and strongly recommended the enactment of a law or city ordinance upon compulsory vaccination. As additional prophylactic measures, he proposed the following :

1. Compulsory declaration to the Board of Health of all cases of suspected or confirmed small-pox, on the part of physicians, hotel and boarding-house keepers, lessees of tenement houses, heads of families, colleges or schools, captains of steamboats and other crafts, railroad agents, manufacturers, etc., and on the part of the police.

2. Removal to special small-pox hospitals of patients not having the proper means of treatment, etc.

3. Rigorous isolation of all cases.

4. Special *sanitary* carriages for the transportation of all small-pox patients (as have been recommended before in a special report).

5. Disinfection of houses, apartments, articles of bedding and clothing, goods and merchandise, baggage and effects, etc., which may have been contaminated, etc.

Dr. Formento states as follows : " While on the subject of prophylactic measures, it would have been our pleasure to advert, as being connected with vaccination and revaccination, to the process of '*modified inoculation*,' which has of late been so ably and elegantly advocated by Dr. Tebault, of this city. But we do not feel authorized thus far by facts and observation to present this process as a substitute for, or adjunct to, vaccination. It is comparatively a new method which requires further time and a larger number of careful observations, before it be definitely entitled to a place among acknowledged scientific facts."

THE NEW YORK POST-GRADUATE SCHOOL AND THE NEW YORK POLYCLINIC.—All are glad to learn that both the above institutions have prospered beyond expectation during the past season. The present courses are larger than ever. They will continue open during the spring and summer, a fact which will be much appreciated by many physicians who cannot easily come to New York in the winter season. The advantages which these post-graduate schools possess is the ability to offer direct and personal instruction in technique and in symptomatology.

"PHYSICIAN, HEAL THYSELF."—When a physician publishes a book, and undertakes therein to teach his medical brethren not only their professional but personal deportment and duty in life,

it is but right to criticise sharply such an author, if he is found publicly doing what he would denounce as disreputable, personally and professionally, if done by his medical brethren.

The attention of this journal has been directed to a lithographed " autographic" card which is being sent broadcast over the country through the mails. In this card the author of a book, published as a personal and professional guide for physicians, offers this book for money or postage stamps to the receiver of the card. In the card the receiver is thus assured : " If you possess average professional tact and business sagacity, this book will be worth *hundreds of dollars to you*. If you are suffering because you lack them, *it will be worth its weight in gold to you*." Evidently, if the author's statement, in regard to his own book, is to be taken, as he expects it to be taken, the receiver of the card has but one of two courses to adopt : either to forward \$1.25 in currency, or to send that amount in " three-cent stamps."

If this is proper personal or professional deportment, the physicians of this country have not as yet been instructed as to the fact.

Several of the medical journals have so far offended against all the recognized laws of propriety and decency as to publish kind and *laudatory extracts from private letters*, and several, in almost every issue, " blow their own trumpets" to a degree that would make the noisiest and most brazen of trumpeters suicidal with envy ; but, so far, none have said that their book was "*worth hundreds of dollars*," or "*worth its weight in gold*."

One can only regret seeing such a grievous error, and add, " Physician, heal thyself."

FISHING FOR GULLS.—If the Metropolitan Museum of Art, of this city, is not a success, that will not be for lack of begging-letter writing. "Gen." Cesnola seems quite an adept at this art, which, whatever its merits or effectiveness, will be regarded by some respectable persons as beneath the dignity of such an institution. Here is a sample of the way this gallant officer proceeds :

"DEAR SIR : You have been proposed as an annual member of this institution. Please have the goodness to inform me if you accept the nomination. The annual fee is \$10."

A letter of this kind is dated 22d March. On the 28th came another, though the person addressed had not even acknowledged the first :

"DEAR SIR : I have the pleasure to inform you that you have been elected an annual member of this institution," etc.

The Board of Trustees includes gentlemen who cannot be aware of this sort of vulgar begging for custom on the part of their fertile-brained Secretary, or it would not be permitted.

CORSETS AND THE MILKY WAY.—Mr. Richard A. Proctor, the distinguished astronomer, has recently made some new investigations as to certain heavenly bodies which show him to be a man of great fearlessness and originality.

According to Mr. Proctor's own statement, set forth in a letter addressed to the *London Times*, he has of late ceased his explanations of the milky way and concentrated all his powers of observation upon corsets and skirts. Of course, his scientific attainments have given him exceptional facilities for exploration in his new field. Knowing the diameter of any given skirt, he is able to calculate its contents; and if the dimensions of a corset are given to him he can ascertain to the millionth part of an inch the length of arm required to encircle it, and the cubic feet of a girl which it contains.

DR. O. W. HOLMES.—Speaking of Dr. Holmes at the Unitarian Festival in Boston, the Rev. Dr. Hedge said: "We were schoolboys together. The only difference was that he was quick and I was slow, and so he has kept ahead of me all through life. Friends, you have no idea, although considering his subsequent career you may imagine, what a snap there was to that boy. Talk of his sleeping in church. I don't believe he ever slept at all. Physically he was not formidable, as boys estimate boys, but he conquered us all by his superior gift of speech, and even then in those younger years he dispensed his wit and his humor in no homœopathic doses. And, in fact, he has never taken kindly to homœopathic doses at any period of his life. I once ventured to speak favorably of homœopathy to him, and he was pleased to say, 'I haven't much respect for your intelligence.' I immediately said that homœopathy held a very humble rank in the scientific mind; that the old practice in the view of scientific men was the royal road, was the path to glory; but I thought to myself—I didn't dare to say it—that often, unfortunately, the paths of glory lead but to the grave."

THE LAW OF LIBEL.—Nothing is more important than that the Press, medical and secular, should give prompt warning of the bad and dangerous hygienic condition of any place, or of the prevalence of any epidemic there. All will see the importance of this rule.

Last summer the Register of Red Bank, N. J., John H. Cook, editor, gave warning of the presence of typhoid fever there. The authorities, instead of correcting the bad condition of the town, entered suit against the editor of the paper for libel—a cowardly and stupid course. The case has just been tried. The report is as follows:

The indictment of John H. Cook for libelling the town of Red Bank was moved for trial yesterday and continued to-day. The State failed to make out a case, and Judge Walling instructed the jury to bring in a verdict for the defendant, which they did without leaving their seats. No evidence was offered on the part of the defence. Judge Walling said it was a very simple case. "The indictment," he said, "was based on the idea that it is a criminal offence for the editor of a newspaper to publish articles by means of which merchants, hotel-keepers, etc., were injured financially. There can be no dispute by counsel on either side that the health of a place is legitimate matter of discussion. It seems to me there can be no libel where the editor of a newspaper publishes the truth, whether it was injurious in financial results or not. It does not appear to the court that these alleged statements are untrue. The State has elected to stand on a publication in the *Register*. Looking over the evidence, I fail to see that the State has proved that this statement was false, which they must do. It must be untrue to make the editor of the newspaper liable. It seems to me it is the duty of the court to instruct the jury to acquit the defendant. How far the constitutional provision should be considered, which makes the jury judges both of the law and the fact, the court will not say, but it does not take away the right of the court to instruct the jury to acquit the defendant, which we will do."

IMPORTANT AND WISE RESOLUTION.—At the recent convention of the American Surgical Association, the following report was adopted:

Resolved, That the Secretary be instructed to address a communication to each Fellow, active or honorary, who is alleged to have violated the code of ethics adopted by the American Surgical Association, and request him to withdraw from this body, if the allegation be true.

RABIES.—This is the month when all of the stupid Mayors and Board of Aldermen issue their annual order for the killing of unmuzzled dogs.

If there was any truth whatever in the popular belief that dogs go mad exclusively in hot weather,

there might be some justification for the dog-catching and dog-killing business, but it has been conclusively shown that this is not the case. Rabies in dogs is a very rare disease; most of the alleged mad dogs being victims of distemper madness—a disease painful to the dogs but not communicable to human beings. The dogs that are peculiarly liable to rabies are the Spitz and the Newfoundland—the former having almost a monopoly of the disease in this climate.

ILLINOIS STATE BOARD.—While it is believed that the statements made by this journal in regard to the attitude of the Illinois State Board of Health are generally true, there is one exception, relative to which the journal has been unintentionally led into error. It was stated that the present Governor of Illinois was made Governor nearly about the time when the Illinois Board of Health was to inquire into the affairs of the Columbus Medical College; that the result of that examination was materially due to the influence which that Governor exercised in behalf of his relative, Dr. Hamilton, of the college mentioned. This statement was made as the result of a communication sent to the editor of this journal, by one whom the receiver of the letter believed to be accurately informed; the author of that letter was not correctly informed, and consequently the receiver of it was unintentionally misled.

Governor Hamilton became Governor February 6th, and the Board of Health held its meeting several weeks prior to that time, so that the influence of the present Governor was not gubernatorial in character, if it was in any respect exercised. This statement is due to justice, and to all parties concerned, Dr. Kiernan especially. The statement is made cheerfully and fully.

That the Board of Health did, however, declare a *second course of four weeks only* at Columbus Medical College, "an irregularity," instead of something that cannot be distinguished from a fraud, is beyond question. The fact is so declared in its own official publication.

IN THE *British Medical Journal* Dr. Dalby calls attention to the dangers of inflicting punishment by blows on the ears. A number of evil results may follow: First, total paralysis of audition may occur simply from the shock to the delicate nervous apparatus within the ear. Again, the tympanic membrane may be ruptured; furthermore, acute inflammation of the middle ear may result from such violence. Cases are recorded in which children have lost their lives

from extension upward of the inflammation to the meninges of the brain.

WOUNDS OF THE HEART.—The surgery of the present day is undoubtedly aggressive, the intrathoracic organs had been long beyond the pale of even minor operations, but excision of the lung has recently been proposed on experimental grounds as an operation practicable, at least in certain cases; and now the principle has been maintained by Block, on the same grounds, that wounds of the heart should receive surgical treatment, similar to that which would be given to a wound of an external part. He recently pointed out, to the German Surgical Society, that death from wounds of the heart is usually due to asphyxia from effusion of blood into the pericardium, or to the loss of blood, or to damage to the motor ganglia of the heart, or to obliteration of the coronary artery. Hesitation in opening the thoracic cavity leads the surgeon at present to allow the patient to die, when he might be saved from death by asphyxia by a simple incision into the pericardium, and from death by hemorrhage by an equally simple suture. He has endeavored to show by experiments on dogs and rabbits, that the suture of wounds of the heart is a relatively inoffensive operation, which can be successfully carried out in the space of three or four minutes. In four animals the two pleural cavities and the pericardium were opened for a short time, and all survived—a proof that such interference can actually be borne by animals. The opening of the right and left ventricles and the compression of the entire heart necessary to close the wounds, was also borne for some time.

PORTABLE TESTS FOR ALBUMEN IN URINE.—At the last meeting of the London Clinical Society, Dr. Pavy exhibited the ferrocyanic test-pellets which he has devised for the detection of albumen in the urine, and which are portable, and remain unchanged when kept in a stoppered bottle. They form a sensitive test, and apparently detect minute quantities of albumen which nitric acid and heat fail to render appreciable. Dr. Oliver, of Harrogate, at the same meeting, exhibited test-papers of various kinds, which can be carried in the pocket case, are almost unalterable by exposure, and which form more sensitive tests for albumen than either heat or nitric acid. Clinical physicians and practitioners generally who may desire to be armed with means which they can readily apply for the detection of albuminuria at the bedside of the patient, will be grateful to both the above gentlemen for the investigations which, with Dr. G. Johnson and others, they have recently carried on

toward the elucidation of this point. The corrosive character of nitric acid, and the necessity of having a test-tube handy in order to apply heat, have rendered the two classical tests for albumen far from satisfactory. Both these two new sets of tests the pellets and papers, react in specimens of cold urine, and can, therefore, be used either in a wineglass or other receptacle of ordinary domestic use.

MERCURIALS IN DISEASES OF THE LIVER.—The excellent paper under this title, which appeared in the Journal of Feb. 24th, was from the work "Diseases of the Liver," by George Hadley, A.M., M.D., of London, England.

THE NEW NEW YORK STATE MEDICAL SOCIETY.—The forming of a New State Medical Society is being freely discussed, and it is difficult to understand how the movement can be much longer postponed.

At present there is the singular spectacle of a great State having a State Medical Society, against whose organic laws more than two thirds of the county medical societies are opposed, and against whose authority and laws an overwhelming majority of the physicians of the state is solidly massed. A mere fragment of the profession now dominates the entire Body, and places it in unwelcome antagonism with its own sentiment, and the support, esteem, and co-operation of the great Medical Societies of the world.

TREPHINING IN PREHISTORIC TIMES.—One of the most curious traces of primitive belief is found in the trephined skulls which have been discovered in caves and dolmens belonging to the earlier portion of the new stone age. Dr. Paul Broca (*Saturday Review*) has recently described these trephined skulls, and discussed their significance. It is certain that a great number of these skulls were trephined during life-time, probably in infancy and early youth, and that they healed up again, the subject of the operation surviving for many years. Dr. Broca supposes this trephining constituted a sacred rite of some sort, since skulls of the persons who had undergone the operation in their life-time were, after death, subjected again to the same operation. A number of small disks were cut from them in such a way that each disk contained a portion of the cicatrized edge made by the original trepanning. These disks were used as amulets by living persons. But the skull thus treated was in its turn provided with one of these talismanic disks in place of those which had been cut from itself. From this custom Dr. Broca has argued

a belief in a future state, and supposed that the disk was placed with the skull to serve as a kind of viaticum into another world. The supposition exists among certain very low savages that epilepsy is curable by removing a portion of the victims skull, and thus letting the evil spirit out, and that the use of the portion so removed, as an amulet, furnishes a prophylactic against epilepsy. Medical treatment based on this old superstition was a prominent feature of seventeenth century therapeutics. Charles II. of England was treated (*Macaulay's History of England*) for supposed epilepsy, by forcing down his throat a "loathsome volatile salt made from human skulls."

Superstitious beliefs of this kind are still to be found among epileptics of the lower class.

THE DOMESTIC BOSTON HUSBAND.—A new phase in the woman case is thus delineated—if a report in one of our daily papers can be relied upon—alleged to have come from the individual most directly interested: "I am a milliner, and I have made between \$1500 and \$2500 a year in my business for some time past. I married four years ago. My husband is kind and good-looking, but he never learned any trade, had no profession, and could not average \$500 a year. I loved him, however, but I saw that it would not do to depend upon him, so I kept on with my business. After a time I think he got a little lazy, and, as we were both away during the day, we could not keep house, and got sick of boarding. Finally, I proposed that he should keep house and I would run the business and find the money. We have now lived very happily in this way for two years. My husband rises and builds the fire, gets breakfast, and I leave at 7.45 for my place of business. He does the washing and ironing and the cleaning, and I do not know of any woman who can beat him. He is as neat as wax, and can cook equal to any one in town. It may be an isolated case, but I think the time has now come when women who have husbands to support should make them do the work; otherwise they are luxuries we must do without."

TO PHYSICIANS.—A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient. Specimen copies of the Journal will be sent to any addresses which subscribers may be kind enough to furnish.—EDITOR.

GAILLARD'S MEDICAL JOURNAL

AND

(THE AMERICAN MEDICAL WEEKLY.)

Scientia et Veritas Sino Timore.

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ORIGINAL ABSTRACTS.

DRY TREATMENT OF OTITIS.—Dr. Spear (*Boston Medical and Surgical Journal*, May 24th, 1883) states in a paper on otitis media purulenta, his opinion that the so-called dry treatment with powders of alum or talc, and that more recently experimented with, of boracic acid, must give way in the majority of cases to the treatment by syringing combined with astringents. In the discussion of this paper, Dr. Blake said that the "dry treatment" of this disease has been carried by some aurists too far, the syringe being practically excluded from their practice. In his opinion a middle course is the better and the safer. If there is a very free discharge it is better to use the syringe at first; but after the discharge grows less, more rapid progress is made if the dry treatment is substituted and continued to convalescence. Dr. J. O. Green agreed with Dr. Blake that the dry treatment had been carried to extremes. He had seen cases in which it was positively injurious. In old, chronic, purulent otorrhœa, for example, if the dry treatment is used there will be a great deal of caking in the angles and corners of the parts. It is better to wash it out first. In suitable cases, however, the dry treatment is a great advance on the old methods, but to give up the syringe entirely is a mistake. If the syringing is carelessly done water is left behind in the ear passage, and this residuum may be detrimental. It becomes heated by the blood, and practically acts as a poultice. This objection will not hold, however, if the meatus is thoroughly dried after syringing, and the application of powder at this time is a sensible dry treatment. He was in favor of drying out the meatus with cotton, and then applying the powder. Dr. Blake further said that the drying after the syringing was the important point. He had endeavored to get absorbent cotton made into a wick to be cut up into suitable

lengths for the purpose, but no method had yet succeeded. The most convenient article for the purpose he had yet found was one made by sewing cotton into a wick with fine silk. In this way can be made a good wick of any size or length, and while it was still experimental, it had worked very well in his practice.

CANNABINE TANNATE.—A few months since M. Frommuller (*Medical and Surgical Reporter*) presented tannate of cannabine as a very efficient hypnotic without any disagreeable after effects. The dangers of morphine abuse are so great that any other agent of similar hypnotic effects would be a veritable boon to the practitioner. Mr. Hiller has found that cannabine tannate gives good results, particularly in milder insomnia. Its effects are less marked in serious delirium tremens, in mania, and in narcotic habitués. It may be ordered in powders: $\mathcal{R}$ Tannate of cannabine, gr. xv.; sacch. alba., gr. xx. M.; et. divid. in cht. No. iv. Sig.—One or more at bed-time.

MUTILATIONS BY SEXUAL LUNATICS.—The relations between religiosity, sexuality and mutilation have long been recognized by alienists (*Journal of Nervous and Mental Diseases*). An aberrant tendency of the religio-sexual order finds its expression in some religious sect, and this tendency to self-mutilation is one of the cardinal principles of the Skoptzki, a Russian sect. Examples of the kind of mutilation practised by this sect are by no means infrequently reported as occurring among religious lunatics. The *Archives de Neurologie*, September, 1882, reports the case of a tailor who removed both testicles without any instrument other than his nails, and perfectly recovered from the injury. In another case reported in Langenbeck's Archives a similar sexo-religious lunatic opened his abdomen with a rusty penknife. Then having recovered he removed the left testicle

and subsequently the right. Dr. Peyton Turner Axtell, Texas (*Southern Practitioner*, February, 1883), reports the following case: A thirty-year-old unmarried man cut out both his testicles with a razor. The left one was cut out with the membrane intact, and the right had considerable of the cord attached. The tissues were very much infiltrated, the perineum distended, and tumors had formed on either side the penis, extending upward in the direction of the spermatic canals. The patient recovered. It would appear that in certain cases, as was remarked by Montaigne, lust finds zest and stimulation in pain, and this seeking for a pain as a stimulus is, it is by no means improbable, an atavism, as certain of the lower animals cannot copulate without pain. In many of these religious lunatics the mutilation is referred to remorse or a desire to avoid temptation, but the most probable explanation is in many cases that of Montaigne.

THISTLE IN SNAKE-POISONING.—Dr. A. J. Shöffler, Gainesville, Georgia (*Medical Brief*, February, 1883), states that the seeds of the blessed thistle furnish a prompt and unerring antidote in neutralizing the infection of all poisonous reptiles, and especially that of the rattlesnake. Three seeds (bruised) in sweet milk should be given every ten minutes, until relief is obtained. In most cases nine seeds will relieve all apprehension for the patient's safety.

GEUM ALBUM, according to Dr. W. A. Spurgeon (*Virginia Medical Monthly*), is of value as an anti-emetic. It relieves gastric irritation (from any cause) and headache. A teaspoonful of a tincture, representing eight Troy ounces of the plant to the pint, is a dose, but larger doses may be given.

MANGO IN THERAPEUTICS.—Dr. Lindquist (*Journal de Médecine de Paris*) states that the East Indians have long employed the leaves and petioles of the mango as masticatories to give tone to the gums, and the rind in dermatoses. A soft reddish-brown resin, which hardens when kept and resembles bdellium, is obtained by incising mango, which rind is soluble in alcohol, and partially in water, forming a milky emulsion; mastication softens it; it sticks to the teeth and leaves a pleasant but slightly bitter taste. Mango appears to be an astringent with a special tonic action upon the mucous membranes. It has a beneficial effect on diphtheria and other malignant laryngeal affections, when the fluid extract is applied locally, as well as in a gargle, in the proportion of ten parts of the extract to one hundred and twenty-five parts of water. In hæmorrhages from the uterus, intestines and bronchi, and in mucous

purulent discharges from the intestines and uterus, Dr. Linquist does not know of its equal. The advantages of the remedy are, its small dose; that it is easily taken; that it causes no gastric derangement; its rapid action; and its greater certainty. The following is a serviceable formula: $\mathcal{R}$ Ex. Fl. *Mangifera indica*, 3 ii ss.; distilled water, one hundred and twenty grammes $\mathfrak{z}$ iii. 3 vi.; M. s. 3 i. omne nora. Dr. Howe (*Therapeutic Gazette*) states that he has found the mango of marked service in the treatment of profuse and exhausting menstrual fluxes. In uterine hemorrhage following miscarriage, the agent exerts a powerfully restraining influence upon the hemorrhagic waste. In the sanguineous losses occurring about the menopause, the mango is a most potent and reliable remedy. He prescribes the fluid extract in five-drop doses every three or four hours. In a short time the influence of the medicine is observed, and in a few days the desired effect realized. It is as near a specific for profuse menstruation and uterine hemorrhage as may be desired. The word specific is certainly out of place in this connection.

ENTIRE LOSS OF LOWER JAW.—J. B. Murdoch (*Pittsburg Medical Journal*, December, 1882) reports the case of a twenty-one-year-old man who while coupling cars slipped and fell forward, his jaw being caught between the bumpers. The entire lower jaw was crushed, and about two inches of the tongue was torn away. Dr. Murdoch removed the crushed pieces of jaw-bone, leaving only the condyles on either side. He trimmed off the dead tissue adhering to the root of the tongue, and as the man was suffering considerably for want of breath, he drew the root forward, retaining it in position by two wire sutures, but as this did not give him relief, the doctor immediately performed tracheotomy and inserted a tube. Relief was immediate, and the patient could now lie down with comfort. The doctor now trimmed off the dead tissue adhering to the wounded part, and drawing the parts together united them by sutures. A compress in the molar region stopped all hemorrhage. After a few secondary hæmorrhages the patient recovered after seven weeks' treatment.

HOT WATER IN SYNOVITIS.—Dr. J. D. Thomas, Pittsburg, Pa. (*Pittsburg Medical Journal*, December, 1882), reports good results from the following procedure in synovitis. He procures two large flat sponges, sufficiently large to envelop the joint; these are washed clean, in order to remove any sand or calcareous matter contained in them, then squeezed dry and applied to the swollen joint, and over this a

roller bandage is applied as firm as was possible to apply it, the bandage covering the sponges perfectly, and then hot water applied until the sponges are saturated; this hot water application should be practised every two hours. He cites several cases as evidence of the value of this treatment.

PERITONEAL UTERINE SUTURE IN CÆSAREAN SECTION.—Dr. Leopold, Leipzig, Germany (*Medical Times and Gazette*, January 27th, 1883), describes a new method of suture designed to obviate some of the deficiencies of ordinary Cæsarean section, and the dangers consequent thereon. This method was, in principle, suggested by Sanger. The method of suture adopted by Leopold is based on the principle of bringing together, in closing abdominal wounds, surfaces of peritoneum. To do this in closing the uterine wound, Dr. Leopold dissected up the peritoneum bounding the wound from the muscular tissue underneath to the extent of about one fifth of an inch at the upper and lower angles, and rather more than one third of an inch along the sides. Then he cut away the whole thickness of muscular tissue from which the peritoneum had been thus stripped. The freed peritoneum was then turned inward so that it covered the edges of the wound, and was united with carbolized silk sutures, so that the surfaces of introverted peritoneum were brought into contact. The patient did well. One successful case of course proves little; but, as an attempt to solve a difficult problem; the case and its results are of interest.

LONG SURVIVAL AFTER A CARDIAC WOUND.—Dr. A. G. Case, Pittsburg, Pa. (*Pittsburg Medical Journal*, December, 1882), reports the case of a man who was stabbed in the breast with a penknife, during an encounter, the blade entering near the middle of the fifth rib, three fourths of an inch from its junction with the costal cartilage, the length of the cut being in the direction of the long axis of the rib. The patient died fifty-eight hours after receipt of the injury. On autopsy it was found that the left pleural cavity contained two pints of clotted blood and serum. The left lung presented evidence of recent inflammation on its pleural surface. The lung-tissue was somewhat congested. A wound three fourths of an inch long was found on the lower and anterior border of the upper lobe of the left lung. The right lung was examined and found in a normal condition. There was a punctured wound through the fifth rib of the left side. This wound was one fourth inch long by one half inch wide, inclining in an upward direction and passing nearly one-half inch

above the intercostal artery and nerve which were not injured. The pericardium presented on its anterior surface a wound three fourths of an inch in length, and contained about two ounces of blood clot and serum, also a membrane covering the entire inner surface of the pericardium and outer surface of the heart, the result of inflammatory action. The heart of normal size presented a wound one half inch in length and one third inch in depth situated on the anterior surface of the left ventricle, one and three fourth inches from the apex. The cavities of the heart, neither of which was penetrated, were nearly empty, but presented evidences of recent inflammation. The pericardial wound extended directly across the anterior pericardial vessels, which accounted for the hemorrhage, both in the pericardium and in the pleural cavity. A piece of the broken knife-blade was found in the posterior part of the left pleural cavity. The stomach, intestines, liver, kidneys, spleen, bladder and brain were normal. Among the most peculiar features of the case is the fact that less than twelve hours after the receipt of the injury the patient was placed under chloroform in order to examine the wound, and rallied perfectly from the anæsthesia.

FŒTAL MEDICATION.—Dr. T. Curtis Smith, Aurora, Indiana (*Medical and Surgical Reporter*, September 30th, 1882), concludes that: First, if the experiments of Rhigeni and Kubasson are reliable, remedial agents given to the pregnant woman will promptly affect the fœtus, and the effects will be proportionate to the dose. Second, the fœtus of a syphilitic mother may have its chances of continued viability greatly increased by proper anti-syphilitic treatment persistently used during pregnancy. Third, any recognized dyscrasia of the mother that is likely to destroy the fœtus may be often met, and fœtal viability secured to the end of the term of pregnancy, by administering the remedies to the mother. Fourth, in cases of fatty degeneration of the placenta or other placental disease, the continued viability of the fœtus may be secured by sending to it better blood, *i.e.*, by enriching the mother's blood, or increasing the power of placental respiration, through the use of the alkaline salts, iron, etc. Fifth, the movements of the fœtus may be promptly governed by administering anodynes to the mother in fairly full doses. Sixth, the internal administration of any powerful therapeutic agent may lead to the death of the fœtus, and hence, to abortion or miscarriage.

TREPHINING IN TRAUMATIC INSANITY.—Dr. J. P. McGee (*Mississippi Valley Medical Monthly*, Feb-

ruary, 1883) reports the following case : In 1863, a child was kicked by a mule, and his frontal bone crushed. He recovered with a deep depression. Thirteen years subsequently he complained of pain in the head, occasional dizziness, and for years later he became subject to periodical attacks of insanity. In June, 1882, Dr. McGee trephined and removed a disk of bone from the under surface of which an exostosis projected through the dura mater. The pain immediately vanished, and has not returned, and the attacks of insanity are growing gradually less frequent and less severe. The opening in the skull, left by the removal of the disk, is firmly filled with osseous substance, and he has no sensation to remind him that his head was ever hurt. The case was evidently one of epileptic insanity, in which the excitement took the place of the fit. The trephining was, to say the best, useless. Had it been of any value the effects would have been immediate, due to the removal of the source of irritation. In the present case the fact that the attacks are growing less severe is sufficient to show that there were meningo-cortical changes which would be unaffected by trephining. The operation, to have been of any value, should have been performed immediately after the injury was received.

OCCLUSION OF THE INFERIOR VENA CAVA.—Dr. F. W. Warren (*Medical Press*, March 21st, 1883) reports a case in which the inferior cava was completely occluded by a bean sized calcareous tumor, growing by a narrow pedicle from the great Eustachian valve. It completely obstructed the vein at the caval opening of the diaphragm, and was adherent to its lining membrane. The specimen was taken from a twenty-two-year-old male who, during life, had both legs, front of the abdomen and anterior aspect of the thorax covered with a close network of varicose veins—the head, neck, and upper extremities being perfectly normal. The patient had had these enlarged veins as long as he could remember, but was otherwise perfectly healthy. He died unexpectedly from perforative peritonitis, due to typhoid fever, and he suffered from œdema of the liver from the onset of the fever. A careful post-mortem examination showed that the principal channels of collateral circulation were as follows : The vena was about the normal size ; the superficial compensatory circulation was principally carried on by the superficial deep epigastric veins, with the circumflex iliac veins from below anastomosing with the internal mammary and long thoracic veins from above, the source of blood current being reversed and passing from below upward. Within the cava,

just as it opened into the right auricle, the tumor already described was found. The venæ cavæ hepaticæ were not obstructed, as a surgical probe could be passed through them into the right auricle. The tumor evidently commenced as a fibrinous vegetation upon the great Eustachian valve, underwent calcareous degeneration, causing very gradual, finally complete, obstruction of the cava. The tumor was round, small, isolated, and attached by a narrow pedicle to the valve. In Dr. Warren's opinion the tumor was entirely intra-venous in its origin and development.

ULCERS WITH LARGE SLOUGH.—Dr. A. B. Whiteledge (*Medical Press*, March 21st, 1883) states that in these ulcers the slough remains frequently as a hard, white mass, very slow and tedious in separating from the subjacent tissue. There being no chance of healing while this slough remains, it should be removed. Finding the ordinary methods slow in effecting this removal, he was led to try the effect of pepsine as a dressing, and has now used it in some half dozen cases, and with the most satisfactory results. Within a week it dissolves the slough, and leaves a granulating surface, very amenable to further treatment. He applies a lotion containing pepsine wine, mixed in varying strengths, but usually about half pepsine and half water, with a little tincture of lavender to improve its appearance, to the ulcer.

RARE PUERPERAL EYE DISEASE.—Dr. O'Toole, San Francisco (*Western Lancet*, November, 1882), reports a cases of complete obstruction of the central artery of the retina, with loss of vision of the left eye (puerperal), which recovered under the use of potash iodide, exhibited internally ; there being no complications during parturition nor previous. Heart sounds were normal ; no history of rheumatism or difficulty of vision before labor. As Dr. McNutt stated at the society to which this was reported, such a condition was very unusual.

COLOR BLINDNESS AMONG THE INSANE.—Peerd Hony (*Medical and Surgical Reporter*, December 21st, 1882) found that among nine hundred Italian insane there was not one case of Daltonism. Violet was the color distinguished with most difficulty. A majority of those suffering from melancholia shrank from bright colors. This experience does not by any means settle anything.

DELUSIONS OF HYSTERIC.—The *British Medical Journal* makes the following citations on this subject : Charcot and Bourneville give instances of the

extraordinary self-deceptions frequent among hysterical patients. Dr. Legrand du Saulle, physician to the Salpêtrière, Paris, describes ("Les Hystériques") some remarkable cases of delusion, where females labored under the belief that they have been struck or stabbed by others, even after having inflicted blows and wounds upon themselves. In one instance a young woman was found by her husband lying on the floor of her room in a fainting fit, her face covered with blood. On reviving from the swoon she stated that she had been attacked by armed men; the Paris newspapers related the case, and within three weeks two similar events occurred in the French metropolis. All these cases were fabricated by the supposed victims. A young girl wounded herself slightly with a pistol. She gave the police authorities the most minute details about an imaginary assassin who, according to her account, fired the weapon, but she was found to be highly hysterical, and it was proved that she had wilfully wounded herself. In a third case a young woman was found in a railway carriage, stabbed in the left side. The incident caused great excitement, but it was proved, contrary to her assertions, that she had inflicted the wound herself, and was a hysterical subject. A housemaid was found lying behind a door, bound, gagged, and covered with bruises. She stated that she had been brutally attacked by two burglars with blackened faces, but she was a highly hysterical woman, and there appears to have been strong evidence that she had contrived to tie her own hands and to gag and bruise herself. In a case which occurred in M. Tardieu's practice, a young lady, living at Courbevoie, wished to make herself an object of public interest by passing as a victim of a political conspiracy, which she pretended to have discovered. One night she was found in a state of the greatest mental perturbation at the doors of her apartment. She could not talk, but stated, in writing, that she had been attacked outside her own house by a man who had attempted to garrote her, at the same time striking her twice with a dagger. Only the lady's clothing was injured, and the body of her dress and her corset were found to be cut through, but at different levels. She tried to make out that the attempt at strangulation had caused dumbness. M. Tardieu remarked, in her hearing, that this infirmity rapidly disappeared when produced under circumstances of this kind. She soon managed to regain her speech, and in a short time admitted that the whole narrative had been developed out of her inner consciousness. Eccentricity in relatives is ever strongly presumptive of self-deception, when a female makes any statement or

charges of ill-treatment of any kind. The constant fear (*Journal of Nervous and Mental Diseases*) of assassination, especially if based on reasonable grounds, is particularly liable to predispose nervous or excitable subjects to extraordinary delusions of this kind. The alleged assassination of Lady Florence Dixie by Fenians had, in all probability, this origin. A recent mysterious burglary, at a Richmond, Virginia, police captain's house, accompanied by the gagging of a young lady, was also of this origin, there being numerous stories of burglaries told in the family circle.

ORIGINAL ARTICLES.

ACUTE PLASTIC BRONCHITIS. By M. J. MADIGAN, M.D., Brooklyn.

This affection is so rare as to entail upon every physician the duty of reporting any case which may come under his observation. There have been thus far reported, so far as I have been able to find, one hundred cases, of which twenty-six are American. Three only of the latter have been of the acute type. Of these two, reported by Kiernan,* aged respectively four and thirty years, recovered. Kingsley has reported one case—a child five years old—who died after a week's illness. To these I am able to add a fourth. T. P., aged thirty-two, a workhouse man, applied to me at the dispensary of the New York City Asylum for the Insane, Ward's Island, for treatment. He complained of a paroxysmal cough, but had no expectoration. He had a temperature of 100° F. and a rather increased percussion sound over the left apex. Three days after the patient began to spit up bronchial casts. The longest piece was about an inch long, with a stem at least a third of an inch. These casts were hollow and filled with air and mucus. There were excrescences on their surfaces at irregular intervals. The first symptom noticed by the patient was a severe chill, which was followed by epistaxis. His ancestral history was bad. The father, grandfather and an uncle had died of phthisis. One sister had hydrocephalus, and one was insane. He himself had had syphilis. Just before the patient expectorated the casts his temperature rose to 101°, but other than there being present great dyspnoea, he was not markedly affected constitutionally. He was dry cupped over the left apex and ordered potassium iodide, squills, eupatoria and

* GAILLARD'S MEDICAL JOURNAL, Vol. XXIX., p. 480.
St. Louis Courier of Medicine, Vol. VII., p. 239.

carbonate of ammonia. The respiratory murmur which had been absent over the left apex began, soon after the expectoration of the casts, to appear suddenly in patches. Two days after the beginning of treatment there was an abundance of large mucous râles to be heard over the left apex. The disease lasted, from its inception till recovery, ten days.

At this age the disease is not so infrequent as at the ages of the first case reported by Kiernan and that reported by Kingsley. According to Rügel* the disease is most infrequent between one and ten years. As to ætiology little can be said. The disease generally occurs in patients having an inherited or acquired dyscrasia. For this reason I am inclined to agree with Dr. Engelmann† that it is, properly speaking, not a disease *sui generis*, but a local expression of a constitutional condition. That is, a bronchitis which takes on this peculiar exudation in consequence of the patient's constitutional condition.

As to treatment little can be said. Good results seem to have followed upon the use of potassium iodide, but great stress cannot be laid upon this fact, since the two cases reported by Kiernan and my own are the only two which have recovered.

A SUMMARY OF A PAPER read by Dr. H. C. GHENT, Chairman of the Lecture on Obstetrics and Diseases of Children, before the recent session of the Texas State Med. Association, on Chloroform in Natural Labor or Obstetrical Practice.

First, in all cases of so-called natural labor, I advise the use of chloroform, as an anæsthetic, for the mitigation of painful sensations.

Second, I never *force* chloroform on my parturient patients, my course being *advisory*, never *mandatory*.

Third, I confine its use to the *second* stage, *as a rule*.

Fourth, I exhibit it by means of a folded handkerchief, taking *special care always* to allow free dilution with atmospheric air.

Fifth, ordinarily I give it to the extent of *obtunding* sensation, but, if necessary, *abrogating* the pains, but not of *abolishing* consciousness.

Sixth, should be given intermittently, that is, *during* the pains, never in their absence.

Seventh, if danger of rupturing the perineum, give the chloroform for its full relaxing influence or effect over that structure.

Eighth, when there appears to be danger of lacerating the cervix, before complete dilatation, do not hesitate to give chloroform, in small doses, *during the pains*.

Ninth, if the least apprehension of danger from a want of tonic contractions on the part of the muscular fibres of the uterus, give ergot, either *per orem* or by hypodermic injection, *about* the conclusion of the second stage of labor.

CHOLERA INFANTUM. Trèatment of the Forms most usually met with in Texas. Diarrhœa from Indigestion, Ilio Enteritis and Dysentery. By WILLIAM STADLER, M.D., Port Sullivan, Texas.

In diarrhœa from indigestion the treatment I advocate is nothing new. Three or four doses of gr. v. hydrarg. cum creta, six hours apart, alternated with pepsine or lactopepsine, is generally all that is needed. In ilio enteritis and dysentery, with bloody stools, the remedy I advocate has often been used. But I attribute the success I found in more than forty cases in the large doses and energetic use of the remedy.

Acetate of lead has been used by me with perfect immunity in doses of gr. xij. by mouth, and gr. xij. by enema in twelve hours. I never give more than three doses, at gr. iv. six hours apart by mouth, never give more than three enemas of gr. iv. each in two oz. water 100° F., without finding the disease subsiding. Should more medicine be necessary, I use the second day in preference, tannic acid in four gr. doses by mouth and by enema. On the third or fourth day, if it should be needed, I prefer olive oil in $\frac{3}{4}$ j. doses as aperient. I have never seen the slightest poisoning by lead used in such large doses. But I am careful not to extend the lead treatment over twenty-four hours.

This is empiricism, but am I not justified by success? Nowhere have I seen or read of such large doses in children, but I find them safe and effectual.

SELECTED ABSTRACTS.

EXTIRPATION OF UTERINE FIBROIDS.—M. Dezan-
nean, in *La France Médicale*, arrives at the follow-
ing conclusions:

1. Enucleation is the only treatment applicable to uterine fibroids projecting into the vagina.
2. Enucleation is indicated in all cases in which hemorrhage or troubles due to compression place the patient's life in danger.
3. In proportion as the tendency is to progress toward the vagina, just so much ought operative measures to be deferred.
4. For enucleation the finger is preferable, when

* Ziemssen's Cyclopædia, Vol. IV., p. 443.

† St. Louis Courier of Medicine, Vol. VII., p. 275.

it can be employed, to the metallic nail, curettes, etc.

5. The finger nail ought to be directed toward the tumor in order to spare uterine tissue.

6. When the finger no longer suffices, torsion and traction are the best means to employ.

7. The fibroma ought to be securely grasped with the appropriate instruments; the chain of an *écra-seur* pretty tightly applied is very useful.

8. Enucleation may be the cause of serious accidents and, on that account, ought to be performed very carefully and be followed by the employment of antiseptic agents.

OVARIOTOMY IN A YOUNG GIRL.—In the *Medical Bulletin* Dr. W. A. Ferguson reports the following unusual case: The girl was a native of England, aged fifteen years. After having complained, during her twelfth year, of acute pain in the left iliac region, it was noticed the abdomen was enlarging. This gradually increased, pushing the viscera out of position and causing her to present a truly pitiable appearance. She refused to have the tumor removed, and in order to relieve her sufferings, was tapped four times. The cyst rapidly refilled after each tapping. She became very weak and emaciated, and then consented to have the tumor removed. The cyst was extensively adherent to the liver, stomach, walls of abdomen, and to a less extent to the intestines, which prolonged the operation. The tumor with its contents weighed fifty-nine and two-fifths pounds. The girl made a rapid and complete recovery.

EXTIRPATION OF THE UTERUS AND KIDNEY.—Dr. Starck, of Dantzic, reports a remarkable case of cancer of the uterus in a woman forty-two years old, in which total extirpation of the uterus was practised through the vagina. During the operation it was found that the right ureter was also involved in the disease, and a portion of it was excised. The upper end of the remaining portion of the ureter was too short to bring down to the vagina, and it was impossible to find its lumen so as to insert a cannula to draw off the urine; it was therefore ligated (as it was concluded that there must be only slight functional activity in the right kidney) in order to give the patient a chance to recover from the shock of the first operation before submitting to the equally severe one of nephrectomy. After six days, the right kidney was removed without difficulty through the lumbar incision, and at the end of three weeks the patient was discharged cured.—*Berliner klin. Woch.*

CHLORAL ENEMATA IN VOMITING OF PREGNANCY.—Dr. Vidal (*Paris Médicale*) claims to have overcome vomiting of pregnancy by injecting fifteen grains of chloral hydrate in infusion of orange leaves, twice daily. Dr. Dussand, of Marseilles, also claims good results from the same treatment.—*Chicago Medical Journal*.

THE value of "Crede's Method" of expelling the placenta has recently been tested by comparative experiments. Fehling used Crede's method in ninety cases. The placenta was left to come away itself in ninety-five cases. The following were the results:

In the first series (Crede's method) the average loss of blood for each patient was $\frac{3}{4}$ vss. The time before the placenta came away averaged 7.7 minutes. In the second series the average loss of blood was $\frac{3}{4}$ vj. 7:10. The time before expulsion was 13.4 minutes. In eighty-five of the ninety cases treated by Crede's method the membranes came away entire. In ninety-one of the ninety-five cases left alone the membranes came away entire.—*Ohio Medical Journal*.

TREATMENT OF INFANTILE GASTRO-ENTERITIS.—From observations made in the Children's Hospital at Pesth, Epstein concludes (*Prayer Medic. Wochens.*) that a liquid diet, poor in fatty matters, is the basis of treatment of gastro-enteritis in young infants. He recommends particularly an albuminous lemonade, obtained by beating up the white of an egg with a pint of water, previously boiled, the resulting mixture being then carefully filtered. At the Pesth hospital this is prepared fresh three times daily, and is kept in a bottle well corked, and placed on ice. In a word, all precautions are taken to prevent the introduction of micro-organisms into the system.

Nursing from the breast should be completely stopped for the first few days. Every three hours, fifty grams of milk at a lukewarm temperature may be given to the child, either with the bottle or by spoonfuls. The child should not be put back to the breast until the loss of flesh, which is considerable at first, commences to diminish. Again, when at the commencement there is violent vomiting and rejection of yellowish curds, M. Epstein washes out the stomach daily, for from eight to fifteen days, by means of the œsophageal tube. As regards direct remedial measures, M. Epstein employs the following potion:

R Sodæ et magnes. benzoat.... $\mathfrak{D}$ iv.
Sp. vini gall..... $\frac{3}{4}$ ss.
Aquæ..... $\frac{3}{4}$ vj. M.
Sig.—Teaspoonful every two hours.

When there is a tendency to collapse, recourse may be had to the following :

R Tr. valerian..... 3 ss.
Vini port (pur.),
Æther. sulph., ää..... 3 ss. M.

Sig.—One or more drops of this mixture may be given in a spoonful of water.

When the child presents any sign of cerebral hyperæmia, with great agitation, chloral in small doses may be prescribed :

R Chloral hydrat.....grs. viij.
Aquæ. 3 xij. M.

Sig.—A teaspoonful of this solution may be given every half hour while excitement continues.

Finally, when the inflammation has reached the large intestines, and symptoms of dysentery supervene, it may be attacked directly by the following enemata :

R Ac. boracic..... 3 ss.
Aquæ destill..... 3 iij. M.

Or with—

R Argenti nitratgr. xij.
Aquæ destill..... 3 ixss. M.

The results obtained from this course of treatment are, it appears, excellent.—*Medical and Surgical Reporter*.

OBSERVATIONS UPON MAMMARY TUMORS, BASED ON AN ANALYSIS OF THIRTY CASES IN PRACTICE.—Read before the Clinical Society, of Maryland, by L. McLane Tiffany, M.D., Professor of Surgery, University of Maryland, and published in the *Maryland Medical Journal*.

The following observations are presented for the consideration of the Society, not as proving anything, for the number of cases is too small to generalize from, but as suggesting lines of thought or treatment.

The number of cases is thirty, of which I find notes more or less copious, and of these, twenty-seven were white, three were mulattoes ; of the latter class, one was dark, the others quite light-skinned. Mammary tumor in the full-blooded negro is extremely rare as compared with the Caucasian race.

All the patients were female.

The tumors classified anatomically are : Cystic, 2 ; fibroid, 3 ; papilloma, 1 ; adenoma, 3 ; adeno-sarcoma, 1 ; adeno-carcinoma, 1 ; sarcoma—spindle cells, 2, round cells, 2 ; cysto-sarcoma, 2 ; carcinoma (scirrhus) 10 ; carcinoma-sarcomatodes, 1–26 ; not noted, 4.

Clinically classified, there are malignant seventeen, benign nine, taking malignant to mean a tendency

to infect distant parts through the blood or lymph channels, and to recur in situ after apparent removal.

Of the first class—benign—the eldest was forty-six years, the youngest eighteen years. Of the latter class—malignant—the oldest was seventy-nine years, a negress, with a recurrent scirrhus, the original tumor having been removed four and a half years previously, the youngest thirty-seven years, a mulatto, and a white woman having each a carcinoma at this age. From which it would appear that simple tumors are met with at an earlier age than malignant ones. Injury, a severe blow, was the alleged cause in two cases—a sarcoma and a carcinoma-sarcomatodes. Mastitis was the alleged cause in two cases, the inflammation having occurred many years before, during lactation—one sarcoma, one carcinoma. In one case, the breast not invaded by carcinoma had been the seat of abscess during lactation, and in subsequent pregnancies failed to secrete milk.

Hereditary tendency is shown as follows : One sarcoma had a brother who died of carcinoma of the tongue ; one fibriod, aged eighteen, had a mother from whose breast a fibroid was removed, also at the age of eighteen.

Six benign, tumors were single, and three married, with one child each (two not noted).

One adeno-sarcoma, aged eighteen, was unmarried, and one carcinoma-sarcomatodes, aged forty-five. All other malignant tumors occurred in married women : of these, two were sterile, the others had 7, 7, 5, 6, 6, 6, 1 children. One patient is credited with several children. It would appear, therefore, contrary to the prevailing idea, that a family rather predisposes to the occurrence of malignant tumor.

Menstruation was absent in one aged seventy-nine, irregular in one aged fifty-one, regular in all the rest—a somewhat remarkable showing, since among the rest are sixteen aged between forty and fifty. It is a possibility that late menstruation may predispose to mammary growths, and seems worthy of notice.

The age of the patients, together with the type of growth, was as follows, when applying for treatment :

Fibroid, 22, 28, 46, years ; all small, not more than half an inch in diameter. Twenty-two years had three tumors not larger than peas, situated at the periphery of the breast ; the two others, 28–46, were near the nipple.

Retention cysts, aged 24–45 years ; the latter of these had the other breast removed three years before being seen by me. The breast presented similar appearances to the one removed by me.

The family physician is responsible for this statement.

Papilloma, aged eighteen years; an exquisite example, situated in one of the larger milk ducts.

Adenoma, 45-38-28; in no case more than an inch in diameter.

Sarcoma, 45-45, married, with families; carcinoma-sarcomatodes, 45, single; adeno-sarcoma, 18, single.

Carcinoma: Scirrhus, 37, 40, 43, 43, 45, 45, 45, 47, 51, 79; adeno-carcinoma, 37.

The time elapsing after discovery of the growth before applying to me for treatment was as follows: Fibroid, five years, one patient; the two others said "a long time." Papilloma, "a long time." Adenoma, many—one year—a long time. Retention cyst, two years—eighteen months.

It would appear that the benign tumors grow slowly; not so, however, with the malignant.

Sarcoma, eight months, involving three-fourths of a large breast, cystic. Sarcoma, ten months, a tumor the size of a closed fist, solid. Sarcoma, seven months, a tumor, two by three inches.

Adeno-sarcoma, two years, a tumor, four inches by three.

Carcinoma, scirrhus, two years, a tumor, three by three and a half inches. Carcinoma, scirrhus, twenty months, operated upon and returned, at time of second operation being a flat growth the size of a small saucer. Carcinoma, scirrhus, one year, three inches by three inches. Carcinoma, scirrhus, eighteen months, Carcinoma, scirrhus, one year, involving entire mamma. Carcinoma, scirrhus, fifteen months, size of small orange.

It may be noted that of malignant growths the sarcomata are the most rapid. It may be noted that medullary carcinoma appears in my list.

The breast affected is noted in the case of nine benign tumors, five being in right breast, four in left.

Sarcoma is credited to left breast four times, to right breast once.

Carcinoma, to left breast eight times, to right breast four times. Malignant growths occurring, therefore, in the left breast twelve times, in the right breast five times, a proportion which may be modified by a larger number of cases.

The skin, glands in axilla, and pectoral muscle, were involved in no case of benign tumor.

Of five cases of sarcoma the skin was involved in three, the pectoral muscle not at all; axillary glands once slightly, from irritation probably rather than the disease.

Carcinoma: One case showed infiltration of mam-

ma, implication of skin, axillary enlargements and also under pectoral muscle; all within one year from discovery of tumor. Another showed a similar condition of things after twenty months. A tumor two inches in diameter was present in each of two cases without skin or axillary implication after one year of growth.

One growth existed five years and began to increase rapidly three months before being seen by me; the skin was not involved, but there were sixteen enlarged glands in the armpit. A similar history belongs to another patient with the addition of skin implication.

Of twelve carcinomatous patients five had axillary tumors. Implication of great pectoral muscle was present in two recurrent and four primary cases. The wall of the thorax was involved in one case. The skin was involved in seven cases.

Local complications in order of frequency are adhesion, pectoral-muscle adhesion, axillary glandular enlargements, and lastly implication of thoracic walls. An open ulcer was present in one case where an incomplete operation had been attempted, the wound never closing.

Dimpling of the skin over a carcinoma is seen only when much integument is involved and indicates extensive infection. Connection with the pectoral muscle is made out by causing the arm to execute certain movements, the tumor being grasped meantime in the fingers. Always great movement can be imparted to the growth across the muscular fibres, but not in the direction of their length, the great pectoral being tense.

The nipple was depressed in many and not able to be drawn out in any case of scirrhus.

Discharge from the nipple occurred where a growth was present in a milk duct, papilloma, and in two cases of carcinoma containing small cysts.

Ulceration of the nipple, Paget's disease, was observed in one case; the raw surface had existed for several years, and the nipple had entirely disappeared. The carcinoma following the nipple ulceration was situated in that part beneath the nipple and was in the form of a flat disk.

Treatment: All the cases were operated on and all recovered from the operation. In every case where glands in the axilla were felt, that space was freely opened and all tumors removed.

The direction of incision and its length varied with the size of the growth, its nature, its connections.

The benign tumors were easily removed through a single incision, and require no special comment. Not so the malignant growths. Here not only the

neoplasm, but the area of infection surrounding it required removal; so cutting was correspondingly free, overlying skin and subjacent muscle were extirpated without stint and the armpit cleaned from all visible glands. These latter might not be recognized by touch through the skin, and yet the microscope showed plainly carcinoma after removal. Axillary-growths are removed safely and expeditiously by the fingers rather than the knife, thus obviating bleeding from small vessels. I have repeatedly emptied the armpit, so that the chest was cleanly exposed and the fingers could be passed up under the clavicle; so far I have found no accident follow this procedure, nor is healing retarded. I have not made great efforts to close the wounds after removal of a breast, but have brought the edges as near each other as possible without great tension; for this purpose I use silver wire, not sticking plaster, and do not remove the wire for ten days or more unless inconvenience is complained of. Iodoform lightly sprinkled on the wound, a drainage tube in the armpit, and a compress of absorbent cotton held in place by a bandage constitutes the dressing. This is not disturbed until some reason for so doing is apparent, and then only so much of the cotton is removed from the lowest part of the wound as is necessary for cleanliness and good drainage. The axilla heals promptly, the site of the tumor healing later. For several days the arm is carried in a sling, even though the patient occupy the recumbent posture, thus insuring immobility of the cut region as much as possible. It is rarely necessary to change the first dressing after an operation before the tenth day and sometimes longer, even though the wound be left with edges some distance asunder. The wound is not washed, a little absorbent cotton sufficing to cleanse the surface when uncovered. Dry and infrequent dressings combined with rest and pressure constitute the treatment (Gamgee). When the wound has been mopped with chloride of zinc, I have found oakum dressing with occasional irrigation, by means of warm water, to give more rapid healing than a cotton dressing. The destruction of tissue following the use of the caustic is sufficient explanation of the necessity for a different dressing. Adhesive strips assist the closing of the wound after the slough is cast off.

It has been said already that no case died as the result of operative measures; how about recurrence and permanent relief.

It is worthy of notice, that, of the cases of scirrhus-carcinoma, four had erysipelas. They were all stout and apparently healthy in all respects, acknowledging no ill-health of any kind; yet within

six months the disease had recurred in two, one has not been heard from, and one has been operated upon too lately to take into consideration.

The erysipelas as a factor in producing rapid recurrence is to be considered; also whether or no a robust frame may not predispose to a more extensive area of infection thus rendering it more likely that the surgeon does not entirely eradicate the disease when operating.

Recurrent growths, when possible, I have removed, and I see no reason to doubt the propriety of the measure. Of course a diffuse growth which cannot be isolated should be treated with great respect, but recurrent nodules are to be treated by excision. The following case shows that advanced age need not prevent a secondary operation:

Case 1.—A. B.—, negress, aged seventy-nine years, was operated upon in 1874, left breast; in 1879, five years later, a small recurrent growth—scirrhus-carcinoma—was removed from the sternal end of the cicatrice. Recovery was rapid.

I have had the privilege of seeing in the practice of my colleague, Dr. Michael, a patient upon whom three operations in four years have been done for scirrhus-carcinoma; she is now in good health.

The most extensive operation for recurrent mammary cancer that I have done is the following:

Case 2.—Mrs. C.—, aged thirty-seven, mother of seven children, youngest eight months, eldest thirteen years, had a tumor removed from left breast; the wound never healed. Tumor existed one year before being subjected to operation, which was done prior to birth of last child. I found an open carcinoma, small, adherent to chest wall, axillary glands enlarged and one or two large nodules under the pectoral muscle. Everything was freely cut away (in June) and the wound mopped with a sat. sol. of zinc chloride. Much sloughing followed; two inches of one rib, and as much of another came away. The floor of the wound rested on the heart, the beat of which was plain. August 1st the patient returned home. I heard from her several months later, and she was doing well at that time.

That rapid growth need not prevent operation is seen from case three.

Case 3.—Mrs. G.—, aged forty-five years, mother of seven children. Had mammary abscess, left side, while nursing one child. She received a severe blow on the left breast and noticed a small lump in the same region several months later. Ten months afterward when seen by me, the mamma was the seat of an elastic globular tumor three inches in diameter. The mamma was freely removed, and the resulting wound healed rapidly by granulation, the

skin edges not being able to meet. Two months later a small gland the size of a large pea was removed by incision in the axilla. The patient is now well, ten months after operation, and has become stout.

In regard to permanent and complete cure: The test insisted on by Paget, and accepted by Gross, is ten years of immunity and health. It is to be regretted that I cannot adduce a single case complying with this requirement, but the reason is not difficult to find, namely, that but eight and one-half years have elapsed since my first breast excision, so I must plead professional youth in extenuation. I have not found it possible to learn the bodily condition of many of my patients. The following I have recorded and may be relied on as existing January 5th, 1883: A scirrhus removed February, 1868; patient well without return. Scirrhus removed November, 1881; returned in situ and axilla by May. Scirrhus removed September, 1882; recurred in three months. A rapidly growing sarcoma removed in March, 1879, recurred in one year, was removed and again recurred, causing the death of the patient one year later. A rapidly-growing sarcoma two inches in diameter removed February, 1881; patient now well without recurrence. A rapidly-growing sarcoma three inches in diameter; removed ten months since, now well. A carcinoma removed, recurrence took place in four and a half years; the growth was removed and patient continues well. A carcinoma being removed recurred in situ four years later; removed and patient recovered.

I have news of several of the benign cases, but being benign their future is of no importance. The malignant tumors operated upon during the past six months, nine in number, have scarcely had time to recur, and therefore are left out of consideration, with the exception of the one removed in September, which is noted as having reappeared.

CLINICAL LECTURE.

PREGNANCY WITH LACERATION AND HYPERTROPHY OF THE CERVIX UTERI—A NEOPLASM CAUSING STERILITY—OVARIAN DYSMENORRŒA. A Clinical Lecture delivered by T. GAILLARD THOMAS, M.D., at the College of Physicians and Surgeons.

GENTLEMEN: Our first patient is Mrs. L., twenty-two years of age, a Prussian by birth, has been married four years, and had two children and three miscarriages, the last one eight months ago. She has

been complaining for three years past of a continued pain on standing, which she refers to the lower part of her abdomen in front, and also of more or less pain in the back. She has not been unwell now for four months and nine days, but she does not think she is in the family way. She complains of nothing else except the whites.

Now, gentlemen, when this patient is examined by the finger something peculiar is discovered which I will not tell you much about just yet, because I want to wait until I have shown you what is seen by a speculum examination. As the patient lies on her side in Simon's position, when the speculum is introduced, I find a large irregular growth on the cervix, looking like this which I have drawn on the blackboard. You see it is three or four times as large as the cervix should be, but I have not exaggerated the size of this picture, which represents a huge raspberry growth on the vaginal portion of the uterus. Now when I rub the mucus off from the surface of this growth with a moistened sponge so as to cleanse it well, then I see a bloody sweat exuding from this granular surface. Now unless I had examined her by feeling, I would from the appearance here have said that this is certainly a case of malignant disease of the cervix uteri, and you will frequently be led into the same error by such cases if you make a practice of examining them first by the speculum and not by the finger.

I will tell you of a case to illustrate this. Fifteen years ago a doctor brought to my office one day a patient whom he told me had a malignant disease of the cervix uteri. She was a young Indian woman twenty-five years of age, and her physician had discovered just such a state of affairs as I have shown you here, and so he put her on the table and introduced the speculum and showed it to me, and from its appearance I agreed with him that it was a malignant disease, and advised its removal. So the patient went away and prepared for the operation, and after a time came back and told me she was ready. But before sending her to the hospital, I told her I would like to examine her once more, and I did so. But when I put one finger in the vagina and pressed down through the abdominal wall with the other hand I found the uterus was as large everywhere as a five months' pregnant uterus. I, of course, did not operate, and at the seventh month she gave birth to a child. The miscarriage in her case was due to a laceration of the cervix, and the hypertrophy of the tissues during utero gestation had led to the appearance which misled both me and her physician.

About five years ago one of the most eminent

gynæcologists in this city sent me the wife of his partner, and said that he wanted my opinion as to the advisability of operating on her for a malignant disease of the cervix. I examined her, and found a condition similar to this we have here to-day, and did not operate. At the sixth month of gestation she was delivered of a child.

Now, two years ago this patient had a very decided laceration of the cervix uteri at the birth of her second child, and that laceration has produced three miscarriages since. Such a laceration is a great cause of miscarriages. In general, however, it is not really a miscarriage, which consists in the birth of a non-viable child, that is thus induced, but a premature labor, which consists in the birth of a child that may live. This condition of the cervix, then, generally gives rise to a premature labor at just about the time of the viability of the child. You must therefore beware, in these cases, how you hastily decide that the woman has malignant disease of the cervix, when time will show that you were deceived by a natural hypertrophy of a lacerated cervix during gestation. Two years ago I knew of two such cases of supposed malignant disease of the cervix, and the women were operated on. Both got well, but of a disease which they never had, and neither of them ought to have had her cervix cut off.

This woman says that she has borne two children, and has since had three miscarriages, and she does not suspect that she is pregnant now. But when I heard her story I examined her on her back with my finger, as I always do before I use the speculum, and I found I could mark out a large globular mass, and below this a huge rough and bleeding cervix. I then put in the speculum and removed a profuse mucous secretion, and then saw what I have already described to you, and that is all. Now, the reason that this woman has not menstruated for nearly four and a half months is that she is pregnant, and I advise her, therefore, to go home and get proper treatment, so that she may avoid another miscarriage, and this is the one thing that ought to be looked after now.

You may ask what it is that has given this patient so much pain in standing for the past two or three years. It is because of the laceration of the cervix, which was torn completely through on each side to the vaginal junction at the birth of her last child, and at that time she probably had either a precipitate labor or the forceps were used.

Those gentlemen among you who attend these clinics regularly will notice how I use the different cases here for different purposes, one, for instance, to show you how to make an examination, another to

show you something that you will often meet with when you get into practice, and another to illustrate one or two rare or important points. In this case the points I wish to impress upon you are: First, that a lacerated cervix often induces repeated miscarriages; and second, that during pregnancy it often resembles malignant disease of the cervix so strongly that you are liable, unless very cautious, to cut off the cervix when you should not.

A NEOPLASM CAUSING STERILITY.

The next patient is Mrs. B., a native of the United States. She has been married four years, and has never been pregnant, and she comes to us to find out why in the first place, and in the next place to know if we can remove the cause of her trouble. So what we are going to do now is to see if we can discover in this ruddy and healthy-looking young woman anything to keep her from having a child. She says all she complains of is pain in the back, and a tendency to vomit her food about twice in the year, and beside she is very restless and unable to sleep at night, and she has a profuse leucorrhœa. She is regular in her monthly periods and does not suffer much at such times, and they are about right in every way.

We cannot tell from these few negative symptoms whether there is anything wrong here about the uterus or not, and so we must make an examination and see if we can find anything to account for her trouble. As I introduce my finger I first pass it along the floor of the vagina, and there I feel nothing unusual, but above this I feel the cervix looking forward, and then as I press my finger downward I feel the body of the uterus below. The uterus, therefore, seems to be turned over backward so that the fundus lies in the hollow of the sacrum, and this view is confirmed by pressing down with my other hand through the anterior abdominal wall, for I find that I cannot get the body of the organ between my two hands. But I can make out an irregular mass like a tumor lying posterior to the uterus and attached to its wall in the hollow of the sacrum, and with one finger in the rectum I can circumscribe it, and it does not seem to lie entirely outside of the uterine parenchyma. Now when I introduce the speculum I find the cervical canal filled with a thick gelatinous mucus, and on passing the sound I find the uterus is bent far backward, and I also find that the ovaries are tender to the touch, as is usual, from sympathizing with the congestion in the uterus. The question now is, Have we yet found the cause of her sterility? I answer, yes. You may ask, Is it not strange that she does not com-

plain of dysmenorrhœa, and that she menstruates with perfect freedom? Not at all, for there is no retroflexion of the uterus here, but the canal is straight, and hence there is not so much congestion of the uterus as you would expect, and there is less spasm at the os internum than there would be if the canal was bent at an angle. What we have here, then, is a neoplasm or new growth on the posterior wall of the uterus, and the present condition began in this way: At first a tumor about the size of the head of a small pin made its appearance, and the uterus remained in its natural position; but as it gradually grew the tumor increased in weight, and it caused the uterus to fall over backward, and this displacement became more and more marked, until the tumor and the fundus of the uterus rested in the hollow of the sacrum. That new growth by its presence interfered with the uterine innervation, and so gradually the whole uterus became congested, and a catarrh of its lining membrane took place, and the ovaries became the seat of a sympathetic congestion. The cause of her sterility is, then, in the first place, that the cervix uteri, being directed forward instead of downward, is covered over by the anterior vaginal wall, which so presses upon the os that spermatozoa cannot get into it; and secondly, this new growth has caused a uterine catarrh, and this, by reason of its gelatinous nature, is enough to prevent the spermatozoa from passing through the cervical canal; but even if they could get through and get into the body of the uterus, they would die there almost immediately, because the mucus is so ichorous in its nature. This is proved by microscopical examinations of the discharge, and you know, too, that ichorous mucus is very irritating in any locality. It is this mucus in the intestines that causes the tenesmus in diarrhœa. If you will notice the upper lip of a child with a catarrh of the nostrils, you will find the outside layer of the skin excoriated, and a reddening or eruption on the face wherever the discharge runs over it. This shows you how irritating mucus sometimes is.

Now, this new growth is of large size, and I believe it is partly interstitial and partly submucous or subperitoneal, and it is this that has caused her sterility and the backache and all the symptoms which she comes to be relieved of to-day.

The prognosis in this case I need not tell you. If I could get at and remove that growth by laying hold of it with a vulsellum forceps, and so pull it down and cut it out, I could cure the patient. But in no other way can I do so. But I can try putting in a pessary to see if I can replace the uterus, and if I can move it forward and keep it there in place,

I may succeed in curing the uterine catarrh. But the prognosis is very doubtful.

Gentlemen, nothing gives a man greater comfort in the practice of gynæcology than to get at the bottom of a case, and then tell the patient how little he can do. Suppose, for instance, that this patient wanted to enter my private hospital, I would not allow her to do so without first telling her of her friends that her chances of recovery from her condition of sterility were only two out of twenty, and so they must not be disappointed if my efforts should fail. Two out of twenty is too much here, and I should hardly put this woman's chances as one out of twenty, and I shall tell her so before attempting to do anything for her, in order that she may not be disappointed at last.

OVARIAN DYSMENORRHŒA.

This patient is Miss B.; she is single and has been sick for the past five years. She says that she suffers great pain all through menstruation, but not before. She is not strong, and her stomach is weak and she is pallid, and her breathing rapid, and she is rather anæmic. Has leucorrhœa all the time and headaches irregularly. She is sick for two days only at each period, and at these times she has to keep in bed and take three hypodermics a day, equal to a grain of morphia in the twenty-four hours.

Gentlemen, I wish I had a whole hour to spend on this case alone, because of the interest of the subject. You probably doubt the statement she has just made, but I believe she is perfectly accurate in saying that she takes one grain of morphia a day while she is unwell. This is a very simple case of dysmenorrhœa, and it would have been treated twenty-five years ago by guiac or aloes or something else supposed to have some influence over dysmenorrhœa.

The examination I made here shows this: The finger passes readily into the vagina, but the moment the cervix is touched she starts and then shivers as if in a chill, and I find there is hyperæsthesia everywhere about it, and this same sensitiveness extends to each side of the cervix and toward the broad ligaments. I can pass the uterine sound clear up to the fundus, and it meets with no obstruction, and the organ is not out of place. With my finger in the vagina, on pressing down with one hand through the abdomen I discover one ovary enlarged, and I think I feel something projecting out from the side of it, but I cannot tell certainly without first putting her under an anæsthetic. I find both ovaries in the same condition, and "thereby hangs a tale." This patient is not suffering from a uterine dysmenorrhœa

at all, but from an ovarian dysmenorrhœa, and that is a form of dysmenorrhœa which all gynæcologists are agreed is utterly incurable by any means we know of. Battey's operation was introduced first for the relief of this condition, and it consisted in removing the ovaries through a vaginal incision. Then the operation of Tait was proposed for the removal of both Fallopian tubes and both ovaries, and this is a very important but an exceedingly dangerous one.

Mr. Tait has misled us entirely as to the risks of this operation, I think. He talks of having performed it thirty-five times, and of only having one death, and he says that that one ought not to have occurred. I have performed it five times, and have lost one out of the five, and in three of them I had simply to tear the ovaries out of a bed of lymph and fibrinous adhesions which bound them down everywhere, and in one case I could not remove them at all. I say, therefore, that it is a very dangerous operation, but it is one that will never die so long as surgery lives, because these cases always go on from bad to worse, and they become confirmed opium eaters, and hateful to themselves and all about them. You cannot prevent them from becoming opium eaters, and when a woman becomes an opium eater, and especially if she takes it by the skin rather than by the mouth, her condition is perfectly dreadful, and not only her friends but the patient herself desires to undergo the risks of this operation. Of my four patients all are now well and only struggling against the opium habit, but as they do not menstruate any more they are saved the great agony which they used to suffer every month.

I would not advise this operation at present in a case like this. But if she should desire to enter the Woman's Hospital I would keep her under observation for one year, and try what I could do to relieve her. I would send her away for the summer after giving her directions as to her manner of life, and then while at the hospital I would use galvanism and apply it three times a week, placing one electrode in the vagina against the ovary, and the other on the abdomen, and so pass the current directly through the ovary, and besides I could employ hot water injections, and paint the skin over the painful region with the compound tincture of iodine, and put her on the best dietary and tonic treatment possible. The two sedative drugs that are better than any others in this condition, are cannabis Indica and viburnum opulus, and I would combine these and use them together. After carrying out all these measures, if by a year from next September she was still suffering as much as ever, and I found that no

good had been done for her, then I would lay before her the advisability of an operation, warning her of the chances of failure and of all its evils, and then I would let her choose for herself what she would do. I would prescribe nothing for her to-day unless it were a placebo to satisfy her, for I do not think this is a case that can be cured by drugs. She has already proved their inefficiency, for she says she has consulted three other doctors here in New York, and two more in the city from which she came, and she never got any relief from anything except morphia. I am sorry that I have to present to you so many cases that cannot be benefited by treatment, but by seeing such you learn the limits of medicine.—*Medical Gazette.*

SELECTIONS.

CLINICAL LECTURE ON THE DISEASES OF WOMEN.
Delivered at the College of Physicians and Surgeons, New York. By PROF. T. GAILLARD THOMAS.

INFANTILE LEUCORRHOEA.

GENTLEMEN: The little girl, nine years old, whom I first bring before you, is suffering from a very profuse leucorrhœa, which, her mother informs me, she has been unable to cure by any of the remedies which she has employed, and which has now lasted for two months. I, of course, made a vaginal examination, and, on separating the labia, I found that the whole vulva was about the color of red flannel, and bathed with a copious leucorrhœal discharge. The meatus urinarius was also seen to be in the same condition, and urethritis has, no doubt, been set up by the spreading of the irritation. If it had been necessary, I could have introduced a small glass speculum into the vagina; but this was not required to make a diagnosis, as I saw exactly what was the matter without resorting to this.

Not infrequently mothers will bring their little girls to you in this condition, and they will sometimes be in a state of great agitation, because they are afraid the trouble has been the result of injury done the children. There is ordinarily no reason whatever to suspect anything of the kind, and you can at once quiet the anxious mother's mind. The affection is a perfectly simple one, and is perfectly curable also. What is it, then? It is generally known as infantile leucorrhœa; but infantile vaginitis would be a better term for it.

Now as to its causes. One of the most frequent of these is neglect of hygienic precautions. There

is generally no intentional neglect on the part of the mother or nurse ; but, on account of the undeveloped condition of the part, an accumulation of hardened secretion sometimes collects in the same way as that which not infrequently gives rise to balanitis in the male child. Another common cause is the depreciated condition of the child's system, such as that due to spanæmia, in which all the mucous membranes are apt to become more or less affected. Thus, there is often gastric and intestinal, as well as nasal catarrh. A third cause that may be mentioned is reflex influence from the rectum. The cause of the irritation in the rectum is usually ascarides, and an afflux of blood to the part is caused by the itching and irritation.

In some instances, the ascarides, by getting into the vagina itself, are the direct cause of the trouble. The prognosis of this affection is, that it can be cured at once if it is properly treated.

In the treatment, the first thing to do is to see if there are any worms present, and if so (or there is any reason to suspect that such is the case), use an injection of warm salt water, as this form of ascaris (*the ascaris vermicularis*), as well as others, is unfavorably affected by salt. The next thing to do is to get the child's general system in the best condition possible by appropriate food, iron, vegetable tonics, and the hypophosphites. It is better to depend on nourishing diet, however, than on medicinal agents. If after the worms have been gotten rid of the vaginal irritation and discharge should continue, or if no worms should be found to be present, local treatment will be required. The vagina should be thoroughly washed out by means of a syringe provided with a small nozzle, which ought to be well oiled before being introduced. In order that the canal may be perfectly cleansed, the child should be placed upon the back. In some cases the mere removal of the accumulated secretion, which is a constant source of irritation, is all that is necessary ; but if the trouble has gone on for some time, this may not be sufficient. Something further is then needed, and one of the best applications to use is the old-fashioned black wash (calomel and lime-water) in the strength of one ounce to the pint of water. Before using this (which should be done twice a day), an injection of simple warm water should be made. I have never yet seen a case of infantile leucorrhœa that could not be cured by such treatment as this ; so that there is no necessity of resorting to astringents and nitrate of silver, which may perhaps do harm. If it is adopted here, I have no doubt that in less than two weeks this child will be entirely well.

But there is one mistake which is apt to be made

by the physician in these cases, on account of which a much longer time may be required for a case than is at all necessary, and that is, the failure on his part to show the mother or nurse how to introduce the nozzle of the syringe properly. Mothers, unless they are especially instructed in regard to this point, never carry the nozzle more than an eighth of an inch up into the vagina, and as it is above this that the degenerating pus is found, there will be no improvement, simply because the injections fail to reach the real source of trouble. It not enough even to show the mother how to use the syringe, but you should also watch her do it, and see that the upper part of the vagina is reached. In a child of this age, the rectal tube of a Davidson syringe should be employed.

RECURRING ATTACKS OF PELVIC PERITONITIS IN CONNECTION WITH OVARITIS AND SALPINGITIS.

Our next patient is Mrs. Mary H., a native of the United States, and thirty-three years of age, who has been married for ten years. She has had two children, and the youngest is now seven years old. She says she got quite well after the birth of her last child ; but has been complaining for more than six years. She nursed the child for about seven months, when her menses came on, and since that time she has never been well. This is not an uncommon history ; the trouble not commencing at child-birth, but with the resumption of ovulation. Since she has stopped nursing the child, she says she has had constant pain in the lower part of the abdomen, and twice she has been very much bloated. The first time that this bloating occurred, she did not suffer much pain with it ; but the second time it was accompanied with very severe pain, and she was confined to bed for a time. The second attack lasted for about two months. In regard to her menstrual periods, she says she does not have much more pain than usual at that time, but that she has considerable pain for three or four days before the flow, and that it is somewhat relieved by the latter. She sometimes has backache in addition to the constant abdominal pain, but is always able to attend to her household duties.

When a vaginal examination was made in this case, it was found that the uterus was in its normal position, and, on mapping it out, by means of conjoined manipulation, that there was more or less fixation of the organ. On either side of the uterus was discovered a mass which was tender under pressure, and which extended outward. The fixation of the uterus indicates with certainty that the patient has had pelvic peritonitis ; and there can be little doubt that the two attacks of which she has spoken

were of this nature. The bloating which she mentioned, and which she thought was dropsy, was in all probability the tympanites which so frequently accompanies pelvic peritonitis.

What is the diagnosis here? All the gentlemen who have examined the case, agree with me in believing that both the Fallopian tubes, as well as both the ovaries, are enlarged since these parts can be mapped out with unusual ease in this instance. It is altogether probable, therefore, that after she ceased nursing her child, she became affected with chronic ovaritis and chronic salpingitis. Mr. Lawson Tait, the distinguished English surgeon, has recently pointed out the fact that repeated attacks of pelvic peritonitis occur as a result of this condition of the ovaries and tubes. Up to the time that Mr. Tait's paper appeared in the *British Medical Journal* last summer, I had never had my attention called to this point, and consequently my experience has not yet been very extensive in regard to it; but I have already seen enough to convince me that he is quite right in attributing these recurring attacks of pelvic peritonitis to the escape of irritating fluid from the inflamed tubes into the peritoneum. In the present instance, the first attack of peritonitis was evidently very light; but the second one seems to have been considerably more severe. Although the tubal enlargements can apparently be made out with unusual clearness in this case, the diagnosis, you must understand, is not a positive one.

I have not operated in five cases where the same diagnosis was made, but they were all cases in which the patient's sufferings had become intolerable. The fifth operation was performed only four days ago. The patient was completely bed-ridden, and had become so addicted to the use of opium that she required no less than ten grains of sulphate of morphia by hypodermic injection each day. Sometimes she has taken as much as sixteen grains in the twenty-four hours. To-day, for the first time, her allowance of the drug has been diminished. Her ovaries and Fallopian tubes, I may say in passing, were found to be in typical condition described by Tait.

In the case now before you the ovaries and tubes are, no doubt, in very much the same state; and yet this is a case in which I certainly would not recommend the operation for their removal. The reason is, that this woman does not suffer to such an extent, in my opinion, as to justify a resort to so radical a procedure. I cannot impress upon you too strongly the fact that the dangers of this operation are very great; and the great fault I have to find with Mr. Tait, is that he makes too light of them altogether. I cannot believe that the high standard

of success which he has thus far maintained, will be kept up in the future. In the five cases which I have now operated upon myself, there is not one patient to whom death would not have been a welcome relief from her sufferings. A woman who is in such a deplorable condition as all these even before this operation, is worse than a leper, and everybody who has anything to do with her case soon gets sick of it. Such patients almost invariably become opium-eaters. The present case is fortunately not of this desperate character. The dividing line must be drawn between suitable and unsuitable cases for operation; and nothing would induce me to operate here, as long as she remains no worse than she is now. She does not suffer enough, and her life is by no means miserable enough, to render it proper to subject her to the dangers of such an operation. Saturday, however, I saw a case in which I would not hesitate an instant to operate, because the poor woman had had so many attacks of inflammation, and was so utterly wretched in every way.

Here, instead of an operation, I would recommend such measures as the repeated painting of the roof of the vagina with compound tincture of iodine, the external application of blisters or tincture of iodine, and the continued use of galvanism and the hot-water douche.

SUBINVOLUTION AND ANTEFLEXION IN CONNECTION WITH LACERATION OF THE CERVIX UTERI.

Our last patient to-day is Mrs. Mary P—, twenty-four years of age, and a native of the United States. She has had one child and three miscarriages, the last of which occurred one year ago. She says she has been complaining for the last three or four months, and has suffered from severe pain in the back and lower part of the abdomen. At her monthly periods, which last for a week, she flows very profusely. She also suffers a great deal of pain at the time of menstruation, and would go to bed if it were possible for her to do so. Between her periods she has a profuse leucorrhœa. All the miscarriages, it seems, have occurred since the birth of her living child, and in answer to closer questioning she tells me that the menorrhagia has really continued ever since her baby was born, but has increased of late. The pains also she has had for a long time, but it is only within the last three or four months that they have become so severe. Finally, she says that there has been no change in her condition of life which would account for the aggravation of symptoms of which she has spoken.

When I made a physical examination in this case, the moment the finger was passed up into the vagina,

it was found that the uterus was tilted forward to a marked extent, and that the cervix was badly lacerated on both sides. The uterus was then found to be not simply anteverted, but in a state of anteflexion, and was also both large and tender. The ovaries were, apparently, altogether normal. Such a condition having been found, the most of the patient's symptoms are already accounted for. When the child was born the cervix uteri was lacerated, and, no doubt, in consequence of this, involution was interfered with. The menorrhagia depends on the abnormal condition of the lining mucous membrane of the uterus, which was in all probability affected by subinvolution. The diagnosis of the case is, therefore, *first*, laceration of the cervix; *second*, subinvolution of the uterus; *third*, anteflexion of the uterus, in consequence of the subinvolution; and, *fourth*, fungoid degeneration of the endometrium. Some European writers call this latter condition *endo-metritis polyposa*, but the name is not a correct one.

In order to be properly treated, this patient should be admitted to the Woman's Hospital. She should be kept quiet for a week, have her bowels regulated, and be treated with hot vaginal injections. A Sims's speculum should then be introduced, and by means of a copper wire curette, such as I now show you, the whole endometrium should be scraped, in order to remove all the little polypoid excrescences with which it is covered. After that she should remain in bed for three or four days, the hot vaginal injections being kept up in the mean while, and then an operation for the repair of the lacerated cervix should be performed. The sutures could be removed in about ten days, and the next thing would be to restore the uterus to its proper position, in which it would probably remain without the use of a pessary. The patient could then be discharged, and I believe that she would soon be entirely well.

You observe that the woman is very pale and weak from loss of blood; but as long as this condition of menorrhagia continues, it is adding fuel to the flames to give her iron or quinia. Iron, I have found, is the very worst thing that you can give such a patient, and this is a point which I trust you will not lose sight of. As to the leucorrhœa, that will no doubt disappear as soon as her system, freed from the constant drain from which it now suffers, has regained its normal strength and tone.—*Medical and Surgical Reporter*.

BYRON'S DEATH.—The last illness and death of Byron are not less curious to the medical mind than the life of the man. In brief, Byron went to Greece

in his later days (he was only thirty-six) ostensibly to liberate Greece, actually to obtain the crown of a kingdom he hoped to see established—a crown which he did, in fact, as it would seem from these volumes, nearly secure. His death frustrated the design, and his death, preceded by epileptic seizures and by exposure to malaria, was clinched, it is generally felt, by medical perseverance in crystallized error. Two "youthful and incompetent" doctors, to quote Jeaffreson's definition of them, Bruno and Millingen, "did their best and their worst" for him. He had been living, by his own rule, for five weeks on toast and tea, and at last, in response to the urgent appeal and insistence of the two doctors, he consented to be bled (date, April 16th, 1824). Casting at the two the fiercest glance of vexation, and throwing out his arm, he said in his angriest tone: "There! You are, I see, a damned set of butchers! Take away as much blood as you like, and have done with it." They took *twenty* ounces. The next day they repeated the bleeding twice, and put blisters above the knee, because he objected to have his feet exposed for the blistering process. In spite of all he lived on, and on the 18th actually rose from bed, and tottered into an adjoining room, leaning on his servant Tita's arm. There he amused himself with a book for a few minutes, and then returned to bed. In the afternoon two new and strange doctors came to look at him, and after they had left he took one anodyne draught. Some time later he took another draught of a similar kind, and at six o'clock he uttered his last intelligible sentence—"Now I shall go to sleep." He slept for twenty-four hours, and at fifteen minutes past six on the evening of April 19th surprised his watchers by opening his eyes and instantly shutting them. "He died at that instant."

In this day we look with wonder at the medical art which in twenty-four hours could bleed three times a fasting man, then blister him, and finally supplement the so-called treatment with two strong narcotic draughts.—*Lancet*.

A DOCTOR'S MODEL HOUSE.—We have to congratulate Dr. Hogg, of Bedford Park, Chiswick, on his bold but successful attempt to solve the vexed question of house-heating and ventilating. Dr. Hogg has built himself a house in the Queen Anne style for which Bedford Park is renowned, where no window can open, and where there is no fireplace, except in the kitchen. Underneath the hall, a large passage is used as the intake of fresh air. Here it can be cooled in summer by ice or water spray, while in winter it is warmed by hot steam-pipes,

which are economically heated by a small coke stove. The air then passes up into the hall, from which it is only separated by an iron trelliswork, and travels into every room of the house by apertures made in the skirtings and cornices. In the ceiling of each room there are one or two openings and exhaust shafts, leading to the foul air-chamber in the roof of the house. To produce the exhaust suction, a large shaft runs from the foul-air chamber down to the back of the kitchen fire, where the heat of the boiler and the fire suffice to attract the air. From the back of the kitchen fire, in the basement of the house, the air again travels up. A square brick shaft or chimney conveys it through the roof and into the open. In the centre of this shaft is a circular metallic flue, which carries away the smoke of the kitchen fire, and this flue, always more or less heated, stimulates the current of air. A comparison of the minimum velocity at which the air moves forward in the extracting flues (two hundred feet per minute) with the cubic contents of the house, shows that the atmosphere is entirely changed throughout the dwelling once in every twenty minutes. This result is obtained imperceptibly—that is, without the slightest draught; yet ten persons smoking in one room felt no inconvenience, and next morning there was not the slightest trace or taint of tobacco odor remaining. Every part of the house being equally warm, all danger of catching cold from draughty corridors, chilly bed- or bath-rooms, is obviated. A nurse and three children sleep in one room measuring fourteen feet square by ten feet high. In an ordinary house such a room would have been rather “stuffy” in the morning, but the system of ventilation worked so well during the night, as well as during the day, that the room was quite sweet in the morning. One of the children used to suffer from defective circulation, cold fingers, chilblains, blueness of the extremities, etc., but since he has lived in the new house he has experienced no such inconvenience. Finally, as there are no fires in the rooms, as the heavier particles of dust are precipitated in the intake chamber before the air enters the house, two servants can do the entire domestic work where three were formerly necessary, and a much higher degree of cleanliness is maintained. In coals the cost has been reduced by one third, though the entire house is now warmed instead of a few rooms. The experiment, it will be seen, has been tested in more senses than one, and has proved a success. From a domestic point of view it is economical. From a medical point of view it is hardly necessary to dwell on the advantages of a perfectly even temperature throughout the whole house, thus rendering it no longer necessary

to confine a patient to one room. This temperature can be increased or lessened at will at all seasons, the air is comparatively free from dust particles, and its renewal can be insured with mathematical precision, without incurring the risk of those sudden draughts and transitions involved by the opening of doors and windows. Mr. E. J. May is the architect who has executed this important experiment, which will, to judge from the results attained, soon find many imitators. On the other hand, such reform will also be opposed by the rooted habits of the country. There are few Englishmen who will not object to the abolition of fireplaces, and it is awkward on an emergency to find the window hermetically closed so that it is impossible to lean out and hail the friendly policeman, or watch what is passing.—*Lancet*.

PROCEEDINGS OF SOCIETIES.

MEDICAL ASSOCIATION OF WESTERN TEXAS.—The Medical Association of Western Texas met in the court-house, at San Antonio, June 4th, and present were doctors F. and A. Herff, Amos Graves, C. E. Cupples, T. R. Chew, Graham Watts, Barnitz, Braunnagel, Berry, Terrell, Tyner, Menger King, Shepherd, Burleson, and Tyler, with Dr. Chew in the chair. The secretary read a communication from the mayor, inclosing a report from the city physician, which had been referred by the city council to the Association for their advice.

Dr. Watts then read the report of the committee, which was as follows :

“ In answer to a communication addressed to the Western Texas Medical Association from the mayor's office of the city of San Antonio we, your committee appointed to investigate the matter, beg to report that on Thursday, the 31st ult., we made a personal inspection of the fertilizing company's work which is carried on in so limited an extent that we cannot regard it, *per se*, as inimical to the health of the city, nor can we, owing to its isolated position, regard it as a nuisance, for the following reasons :

“ First, it cannot be proven that the parts of the city that would directly suffer from the emanation, are more sickly now than they were before the erection of the establishment.

“ Second, it is, as yet, an open question whether the morbid substances causing zymotic diseases are conveyed through the air as a medium.

“ Third, notwithstanding the above facts we cannot positively say that it is not a source of danger,

and that such an institution should not in any event be allowed within the city limits.

"While the above answer the simple questions propounded by the city authorities, we feel warranted in going farther and stating that the great danger lies in the present mode of removing the excrements from the vaults to the fertilizing company's factory, as the experience of all cities has conclusively proven great danger results from the privy vault system. We would suggest that this be abolished and the 'dry earth' closet be substituted. The closet box or barrel supplied by the fertilizing company should be thoroughly disinfected both before and after removal.

"In conclusion we respectfully suggest to the council that while the members collectively and individually are ready at all times to give advice on sanitary questions, it is manifestly necessary that a board of health should be appointed by the municipal authorities with full power for the direction and ordering of such sanitary measures as they may deem advisable in the interest of the public health, and that no further reason for such action need be adduced than the present mortality in the city."

The report was signed by the chairman of the committee, and by Drs. Herff, Terrel, Barnitz and Tyner.

Dr. F. Herff believed the place was located in the wrong direction from the city, it was in a direct line from the city with our trade winds, and he had also heard bitter complaints from the officers living on Government Hill. He thought it ought to be removed now, while the enterprise was small, instead of after a while when it assumed large proportions; he was convinced it would have to be moved sooner or later; he thought located where it is now, that the mortality would be increased. The air being contaminated is injurious, and this should be obviated. We in the city don't know whether it is this place that smells so bad, as we have so many stench in the city, and it is impossible to determine. He wanted it removed to the west side of the city.

Dr. Menger then read an extract from a report he had prepared, in which he alluded to the history of the inauguration of sanitary measures by the city, and especially in relation to the cleaning of vaults and excavations. He also alluded to a report he had made in reference to this same Sanitary Fertilizing Company, and described their process of converting the matter into fertilizers and destroying all of the obnoxious gases. He didn't think the establishment injurious to health, and while he was health officer said there were no complaints made against it. The

foul smells complained of by the government officers arose from the carcasses of dead animals and from privy sinks in the immediate vicinity.

Dr. Braunnagel, city physician, was asked for his views, but had nothing to say except what was in his report to the mayor.

Dr. Barnitz moved the adoption of the report.

Dr. F. Herff said he did not wish to indorse the report, but thought the establishment should be removed. He said a great many new residences were going up in its neighborhood, and it would soon be thickly settled.

Dr. Tyner concurred in Dr. Herff's views, but did not think the Association ought to say positively it should be removed, but thought the report pointed in but one direction, and that was it would be well to remove it, and the council, if they so interpreted it, would remove it.

Dr. Watts said that while it was difficult to pronounce the establishment a nuisance, that the most important question was the manner by which the matter is removed through the streets of the city.

Dr. Braunnagel said that the vaults of the company were not cemented and the building was open.

Dr. Menger said one of the workmen had quit the establishment and scattered the material around.

Dr. Braunnagel said the barrels had burst, and that was the manner in which it was scattered. The company is supposed to excavate by the odorless process, but only uses a bucket, rope and barrels, and while the excavation is going on inside of the city it is very noxious and diffuses a very offensive stench.

Dr. Herff said Mr. Caen was employed by the city as a sanitary inspector, and instructed when he excavated he was required by contract to thoroughly disinfect it when removing it, and he should be required by the city to carry out his contract properly. He thought it was best to remove such substances in summer than in winter, because the germs deodorized quicker.

Dr. Tyner said the Association should say very specifically that excavation by the odorless system should be used, and no other.

Dr. King said that vaults should be cleaned whenever it was necessary to do so without regard to the season, as the removal and its consequences would not be so serious as to permit them to remain in their filthy condition.

The report was adopted, and also an amendment recommending the council to have all vaults cleaned as soon as possible and do away with the vault system and adopt the dry closet system.

A motion prevailed to renew the sanitary discus-

sion at a future meeting, and the Association then adjourned.

CHICAGO MEDICAL SOCIETY.—At a meeting of this Society, held May 7th, Dr. Ingals read the following resolutions :

“Resolved, That the public good would be promoted by the establishment of a State Board of Medical Examiners, such board to be entirely separate and independent of all medical colleges, to have the exclusive right to grant license to practise medicine in the State of Illinois, leaving to medical colleges their function of teaching and conferring degrees, but obliging all who in future desire to enter upon practice, and who have not already received license to do so, to go before such board to prove their fitness ; and that said board be required carefully to examine all applicants as to their moral, literary, and medical attainments, and only to confer a license on those who are well qualified in all these respects.”

In presenting this resolution Dr. Ingals said he did not doubt that its passage would be beneficial.

He desired chiefly to call their attention to the published report of the proceedings of the State Board of Health at its last meeting in the city. He thought the fact that none of the eighteen applicants to the State board for license had answered the required number of questions, and therefore did not pass, was very creditable to the board, and demonstrated the influence of public sentiment. The action of the board in determining to recognize the diplomas of the Joplin Medical College, of Joplin, Mo., Dr. Ingals said he could not criticise, but as Joplin had only 7000 inhabitants and had two medical colleges, he could not see how the colleges were supplied with sufficient subjects for demonstrating. Dr. Ingals thought that the State board had made an error in saying that there were now only 650 non-graduates in the State, against 3800 in 1877, at the time when the Medical Practice Act went into effect. He did not think that there were more than a thousand non-graduates in the State in 1877. Since then physicians have increased in greater ratio than the population. The following letter published in the quarterly report of the Secretary of the Board of Health, he thought must certainly be spurious, though the board evidently believed it to be genuine. He thought it was written to injure some particular college. The letter read :

“ — — —, Ill.

“ To the Secretary State board of health Dear Sir I sent you my diploma early last March and have not heard from it since did you receive it or do you know anything about it I am becoming quite anxious con-

cerning its safety My diploma is from — — Medical College — — dated — — 1882 I also sent you a letter containing a one dollar bill to pay for the certificate If you will give me the information I request I shall be greatly obliged to you

“ Your's very respectfully
“ — — M.D.”

In view of the strictures passed by the Board of Health upon the medical colleges, Dr. Ingals said he thought the Society should take some action, and previous to adjournment he would offer a resolution to that effect.

Dr. J. G. Kiernan asked Dr. Ingals if he believed that it was impossible for a graduate of a medical college to write such a letter. Dr. Ingals answered that he did not think any college would issue a diploma to such a man. Dr. Kiernan then said that he had been for some time a medical journalist, and in that capacity had to revise a large number of communications from physicians in New York, Philadelphia and Chicago. These communications were written in poor English and poorly spelled in a number of instances. One man who had graduated from a New York college habitually spelled “ emulsion” “ amulshun.” He did not think it at all astounding that graduates of medical colleges should spell badly. The speaker had known of students under a preceptor, ostensibly, who secured diplomas after a year's attendance at college. Dr. Kiernan thought the error about the number of quacks was in the United States census. He knew that numerous quacks had eluded that census. He thought that since the board was doing good work it was the society's duty to support it.

Dr. J. G. Hollister thought that the Illinois State Medical Society might organize an examining board from among its members, which would be satisfactory to all colleges. He was sure that even the present State Board of Health, though it was a creature of political appointment, was as good an examining body as could be easily secured. The board, he thought, had been very efficient. He believed that there should be some common standard by which students in all medical colleges in the State should be measured, and he considered it would be a good thing to have the State Board of Health constituted as a general examining board, which should examine all candidates for graduation at the different colleges in the State. In regard to illiteracy, he said that he was aware that there were a number of phonetics in the country, and that a great many capable physicians who thoroughly understood their profession were unfortunate in their methods of orthography. The fact that they did not spell correctly was no evi-

dence of their professional incapacity. In conclusion, he thought there should be a central examining board, which should conduct the college examinations for graduation.

Dr. R. E. Starkweather said that he had been connected with the State Board of Health since soon after the passage of the Medical Practice Act. He thought that the number, 3800 non-graduates, estimated by the State Board of Health, as practising in 1877, was not very far from being correct. He thought that there were at least twenty-five letters similar to the one quoted on file in the office of the State board. Incorrect spelling was by no means extraordinary. Concerning the revocation of certificates, he thought that the board was correct. He doubted seriously if a physician could recover fees if he had not been licensed by the State Board of Health. Dr. Starkweather thought that the State board was taking an advanced position when it insisted upon preliminary examinations. He could not see how medical practitioners were to earn a living, if doctors were to be turned out in such numbers as they were by the Chicago colleges. He thought the practice of physicians, who were ordinary practitioners without faculty standing, was seriously jeopardized by the alarming increase in members of the profession. He hoped that colleges would insist upon a stringent preliminary examination of candidates for admission as students.

Dr. Strausser said that as far as the work of the State Board of Health was concerned, he thought every practitioner would indorse it. He thought a higher standard than the existing one should be established. Two or three years ago a man came to him and asked to enter into partnership with him, saying that he had been in partnership with a regular physician, who received half the profits derived from the sale of a patent medicine prepared by the quack. Dr. Strausser indignantly declined to allow his name to be allied with that of the quack, and a year or two afterward the same man approached him and conveyed the startling information that he then was a full-fledged physician, having entered a college and secured a diploma. This man said he came and went when he chose, and paid for his diploma. Dr. Strausser continued to cite instances of this kind, showing how easy it was to enter the medical profession, and related that his wife had a dressmaker who was rather bright. One day she bade them good-by, saying, "I am going to be a doctor." "Little over a year afterward," said the speaker, "my wife and I received an invitation from the former dressmaker to go and see her graduate. We went, and sure enough there she was with a white

rose in her ear, and she was given her diploma. I asked her if she attended the dissecting-room. 'Oh, we don't have any dissecting in our college,' she said. Some time afterward I met her and asked her how practice was. 'Oh,' she said, 'practice was not very good, and I concluded to get married,' which was the most sensible thing she could have done. Here we have a physician who came to this country a few years ago and could not speak a word of English. He is charged with having murdered his wife; with having murdered the husband of his present wife, and finally, with attempting now to murder her. In view of such instances, I am almost ashamed of my profession." Dr. Strausser thought there should be some central examining board that should examine all students of all the colleges in the State. Dr. Kiernan said that the law provided penalties, and the fact that these were not executed was due to the cowardice of the profession, who would prefer charges, but then leave the board to prove them without taking the trouble to appear in court as witnesses, thus letting cases go by default.

Dr. C. W. Purdy related the methods of the colleges in Canada, saying he thought the Canadian system was the best in the world. Dr. Parks said that he doubted whether such a regulation could be enforced in a republican country. Dr. Kiernan said that similar regulations were enforced in Switzerland and France and in Great Britain and Sweden and Norway, which last were practically republics, as far as the chief legal points involved were concerned. Dr. Paoli gave an account of the Swedish system. Dr. Etheridge said that the resolution was not properly before the Society, as it had not been seconded, and the discussion on it was not pertinent to the resolution, and was simply a criticism of the State Board of Health. Dr. Starkweather seconded the resolution, and Dr. Ingals briefly answered some of the statements of the other speakers. He said he was not opposed to the State Board of Health, but thought very highly of it. Unlike Dr. Strausser, he said he was not ashamed of his profession, but was proud of it, and would rather be a physician than anything else. He further cited from the report of Dr. Rauch, the following statements concerning medical colleges:

"To make the acquisition of the coveted diploma easy is the sure way to increased pecuniary returns and large classes, with a consequent substantial advantage in advertising both the college and the individual professors. That the responsibilities of the board are largely increased by this evil is manifest. Charges are now being investigated involving five different colleges, whose diplomas have heretofore

been recognized by the board ; and in the case of three other colleges I have refrained from issuing certificates upon their diplomas, because of a conviction that they have not the facilities to carry out their published requirements. In one instance, for example, there have been a number of changes in the personnel of the faculty since the announcement was published, and the diplomas issued at the close of the session of 1882-83 bear the signature of a graduate of 1882 as the incumbent of three different chairs, namely, as professor of anatomy, as professor of physiology, and as professor of hygiene. As a result of my own official experience during the past six years, I think it entirely within bounds to say that a strict adherence to their advertised requirements is the exception among colleges rather than the rule. In fully three fourths of those which have come under my observation there have been irregularities of more or less gravity. It is unnecessary to attribute motives, for they are obvious and the natural result of the competition and rivalry between the various schools."

Dr. Strausser explained that he had not intended to cast any slur, and personally he was not ashamed of his profession. He was too sensitive of its dignity, but what he had intended to say was that he could not regard diplomas as very valuable when they could be procured with such facility. It was remarkable, he said, that a set of men could get together, as they had last year, and establish a college, and five months afterward graduate fifty-four students. He did not believe that men who were graduated by a college in five months were entitled to the same standing as men who had been required to be more thorough in their studies.

A vote was then taken on the resolution, which was adopted. Dr. Ingals then offered the following, which was also adopted :

"*Resolved*, That a committee of three be appointed by the chair to represent the Chicago Medical Society, and that they be instructed to confer with the Illinois State Board of Health relating to statements contained in the proceedings of its last meeting ; and that this Society respectfully requests said board to communicate to our committee any facts in the possession of the board that will enable the committee to prepare its report for the Society."

The president said that he would name the committee at the next meeting, and the Society adjourned.

INDIANA STATE MEDICAL SOCIETY.—The thirty-third session of the Indiana State Medical Society was held at Indianapolis, May 8th and 9th, Dr.

W. H. Bell, the president, in the chair, and about two hundred delegates present. The report of Dr. E. S. Elder, the secretary, showed that the Society was larger than at any time in its history, and was the largest medical association ever known in Indiana. It now numbered 1210 members, a net gain of forty-six over last year. During the year forty-four members had been suspended, two expelled, and fifteen had died. Medical societies were now organized in sixty-eight counties. The present plan of organization had been found to work most satisfactorily. The last volume of transactions published by the Society was the second largest published by any State society in the United States. The reports of the secretary and treasurer showed there was about \$1000 in the treasury. Dr. Hibbard presented the report of the committee on necrology, and appropriate reference was made to the death of Drs. W. G. Reeves, Clifty ; W. R. Searle, Bluffton ; Thomas Ganse, Green's Fork ; E. J. Howard, Hazelton ; E. W. King, New Albany ; J. F. McKinstry, Jonesboro ; D. T. Showalter, Montpelier ; A. J. Barker, Tipton ; T. H. Crosby, Bluffton ; J. B. Hodges, Clinton ; S. C. Gray, Warsaw ; L. W. Hess, Cadiz ; J. A. Seiber, Evansville, and William Freeman. Papers were read by Dr. Earp, of Indianapolis, Dr. Beasley, of Lafayette, Dr. Hibbard, of Richmond, and others, and President Bell gave his annual address. The committee on ethics reported in the case of Dr. W. W. Vinnedge, of Lafayette, who was expelled from the local medical society, recommending that he be reinstated after making the proper apologies. In the case of Dr. W. H. Cyrus, of Noblesville, who had been convicted of consulting with an irregular physician, the recommendation was made that he be given a new trial. Papers were read by Dr. J. A. Sutchiffe, Indianapolis, Dr. John Chambers, Indianapolis, and Dr. Charlton, Seymour. The following officers were elected for the ensuing year : President, S. E. Mernford, Princeton ; Vice-President, William H. Shulz, Lebanon ; Secretary, E. S. Elder, Indianapolis ; Assistant Secretary, G. W. Burton, Mitchell ; Treasurer, G. W. H. Kemper, Muncie.

MILITARY TRACT MEDICAL SOCIETY.—The annual meeting of the Military Tract Medical Association was held at Abingdon, May 8th. A large number of members were present. Papers were read by Drs. Hamilton, Monmouth, Judd and Hurd, Galesburg, Craig, Aledo, McClanahan, Alexis, Emerson, New Windsor, and Corcoran, Brimfield. Hugh Marshall, Monmouth, was elected President for the ensuing year ; H. C. Hopper, Galesburg, Secretary.

REVIEWS.

MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION. Part III., Vol. II. Surgical History. Prepared under the direction of JOSEPH K. BARNES, Surgeon-General U. S. Army; by GEORGE A. OTIS, Surgeon U. S. Army; and D. L. HUNTINGTON, Surgeon U. S. Army. First issue. Washington: Government Printing-Office. 1883. Royal 4to. Pp. 986-xxix. (From Surgeon-General's Office.)

With this volume the surgical series of the history of the late war is completed. Since the death of Otis the work has been placed in the hands of Dr. Huntington of the Army. He has discharged the duties devolving upon him with signal ability. There is nothing which has ever been issued by the Surgeon-General's Office which can be compared in value with these valuable volumes. They are a credit, not only to himself and the Army, but to the American profession and the science of modern surgery.

INSANITY, ITS CLASSIFICATION, DIAGNOSIS, AND TREATMENT. By E. C. SPITZKA, M.D. Birmingham's Medical Library. New York: Birmingham & Co. 1883.

This little treatise combines many good qualities. It is clear. It is up to the times, and, last but not least recommendation, it is practical in the American sense of that term. The average text-book on insanity in English is either antiquated, like Griesinger, owing to the death of its author, or confused and abstruse, and ignores the results of recent American and European continental alienists, like Bucknell and Tuke's manual, or is sophomoric and based on limited experience and knowledge of the literature of the subject, like Blandford and Shepard, or is clearly written, but containing many serious errors, like Sankey, or is too metaphysical, like Maudsley. None of these defects can be charged against the present volume. Insanity is studied from the standpoint of the general practitioner, the author being a general practitioner, whose practice has a special direction rather than a specialist. The present work, therefore, regards insanity as the result of disease or defect, and deals with it as other problems in medicine are dealt with by the general practitioner, who is a scientific physician. There are three chapters in the work well worth its cost. The chapters on how to examine an insane patient, on differential diagnosis, and on treatment. The classification is that with

which the readers of the journal for November, 1880, are acquainted. The chapter on morbid anatomy is simply a discussion of disease physiology, and not a dry, unmeaning discussion of cells or wearisome enumeration of changes. It will be read with interest by that class of practitioners who usually skip pathology, and who are not to be blamed for ignoring the dry detail of supposed facts, usually called pathology. Sundry amusing errors made by those dry-as-dust pathologists, usually called "microscopists," who detail as abnormal changes structures to be found in every normal human being, are carefully pointed out. One investigator described as pathological the giant cells which are to be found in every normal human brain. The book will, on account of the demand for it, be sold separately from the rest of the library in an improved edition. It is well printed and well illustrated.

A MANUAL OF AUSCULTATION AND PERCUSSION, EMBRACING THE PHYSICAL DIAGNOSIS OF DISEASES OF THE LUNGS AND HEART AND OF THORACIC ANEURISM. By AUSTIN FLINT, M.D. Third Edition, Revised. Philadelphia: H. C. Lea's Son & Co. Price \$1.75.

It is unnecessary to say more than is said in the caption of this notice, viz., that this excellent manual has reached its third edition. If any criticism is to be made in regard to it, it is that the author still adheres to his old method of determining the significance of any pathological sound, by analyzing the intensity, pitch, and quality of each sound, instead of studying each sound, by studying its intensity, pitch, quality, and *duration*.

It is difficult to understand how any one can determine the true and entire significance of a pathological sound, unless the *duration* of that sound is just as carefully analyzed as is its quality, its pitch, or its intensity.

The reader cannot fail to appreciate the correctness of such criticism, and to acknowledge that he would be unable to arrive at a correct appreciation of most pathological sounds, if he did not attach just as much importance to the *duration* of that sound as he did to its pitch, quality, and intensity. In phthisis, where the expiratory murmur is increased in *duration*, in emphysema, where the *duration* of the expiratory murmur is also increased; in pleurisy with effusion, where both the expiratory and inspiratory sounds are curtailed in *duration*; in pneumonia with consolidation, where the same phenomena are observed over the affected lung; and in many other conditions, wherein the duration of

the expiratory and inspiratory sounds are palpably altered in *duration*, it is difficult to understand why the author seeks to test the importance of sounds, by intensity, pitch, and quality only, and excludes the *duration* of a sound from consideration.

The manual, however, is too well known to make a further notice necessary. It is, of course, a medical classic, and is justly so considered.

MISCELLANEOUS.

MALARIA—QUININE AND POTASSIUM CHLORATE.—Dr. Baldini (of Grado, West Coast of Africa) reports that he has in over seventy cases of intermittent fever cut short the attack as with one blow by using these drugs in combination. He gives for a dose twenty to thirty grains of *sulphate of quinine*, with fifteen grains of *potassium chlorate*, in a number of pills. For children he suspends the powders in milk.—*Med. Chir. Rundschau*, December, 1882.

THE OXYTIC ACTION OF QUININE.—Mr. Hartigan, M.K.Q.C.P., of Hong Kong, writes :

“In three different cases I have had on several occasions to discontinue the use of quinine, because it brought on ‘labor-pains,’ though the doses used were small, varying from three to five grains. In one of these, during a previous pregnancy, another medical man used quinine, and discontinued it for a similar reason. All three were in fair general health, suffering only from slight malarious fever, and had never aborted. One case has come under my notice in which abortion took place, without apparent cause, after a ten-grain dose of quinine. The patient was the mother of several children, had not previously aborted, was in good health, and took the quinine to cure facial neuralgia. I know of another case of abortion occurring under similar circumstances after quinine. This action of the drug is known to the Chinese, who take it (I am told with success) for the purpose of producing abortion, following its use by copious draughts of hot tea. I have myself heard a Chinese ‘amah’ (*i.e.*, female servant) recommend it. Quinine certainly, in some cases, increases the menstrual flow.”—*British Medical Journal*.

ANÆSTHESIA — A HINT TO CHLOROFORMISTS.—When in Paris, I was invited by Dr. Labbe to assist in a case of ovariectomy. The patient was given chloroform. When the anæsthesia was complete, the surgeon made his incision in the linea alba,

through the skin and cellular tissue. Suddenly the respiration stopped, and the heart ceased to beat, as clearly shown by the cessation of bleeding and the bloodless appearance of the lips of the wound. The mouth was cleansed from mucus, the tongue drawn forward, the patient's head thrown well back, and artificial respiration was practised for quite ten minutes, but without result. The case appeared desperate, when Dr. Labbe put a large cloth in boiling water, and applied it to the cardiac region. Instantly the heart commenced to beat and the patient to respire. She was saved. The operation was not terminated. The cloth was of such a heat that a large blister was raised at the seat of its application.—*Dr. Adolfo Paggi, Lancet*.

MEDICAL NEWS.

A VERY important experiment is about to be tried in Montana. The experiment in question has in view the production of a race of giants. Whether the people of Montana think that they will exercise more influence in political conventions if the average height of a Montana delegate is seven or eight feet, or whether they are influenced solely by a conviction that the great West needs a race of giants in order that man and nature may be in harmony one with another, is not known. All that is positively known of the matter is that the cultivation of Montana giants, both for home consumption and for export, is to be begun almost immediately.

A town to be called Giantville is to be laid out, and lots are to be sold only to men of six feet high and upward, or to women of five feet eight inches in height. A man who buys a lot buys it subject to the condition that he will surrender it in case he marries any woman less than five feet eight inches high, and similarly a woman who buys a lot can hold it only while she is single or unless she marries a six-foot man. It is believed that the children of the citizens of Giantville will be at least as tall as their parents, and that by raising the standard of height every few years the managers of the town can develop a race of really gigantic people.

THE Louisville School of Pharmacy for Women has completed the arrangements for the fall and winter course of study. The board has determined to thoroughly equip the school, and provide chemical and pharmaceutical laboratories and all necessary ap-

pliances to enable the faculty to successfully continue the work, and have taken the necessary steps to raise the money to pay the expenses.

TREATMENT OF STAMMERING.—Mr. J. E. Sutterlin has for eight years conducted an institute in this city for the cure of stuttering and stammering, with most satisfactory success. His system is philosophical and simple, and is based on the plainest common-sense principles. Excluding reliance on medical aids, it comprises chiefly careful drill of the vocal organs, and such mental discipline as will contribute to the object. In the first stage of treatment, the subject is not permitted to talk, except to practise his exercises, and to make such movements in speech as can be guided and observed by the teacher. During this time he is taught to consider himself, not a patient, but a student of speech. In the second stage, which is begun when enough has been done in the first, the pupil is encouraged to talk, for practice, at every opportunity, with a "legato" movement (as in music) and a strong accent. In the third stage he is allowed to talk more naturally, but in a studied manner; and in the fourth stage he is permitted to employ his normal way of speaking, but is by this time relieved from the impediment under which he formerly suffered. The psychic part of the treatment, which aims to divert the pupil's mind from himself and his troubles, is the most difficult and, at the same time, the most essential part. The time required for success depends very largely and, in fact, chiefly on the mental constitution of the subject.

From this brief description of an effective method of treatment, the parent may gather the useful hint that, to remedy any incipient tendency in his child to stammer, he should exercise a mild and kind but firm ruling, suppress all irritability of temper, observe for the child all the laws of health, and be careful as to his own manner of talking and the patterns he may set for the child. By attention to such matters, even the most unskilled may correct the evil before the child begins to be conscious that he is a stammerer; and, by a general regard to such principles as are here laid down, the affliction might be wholly removed or its frequency greatly reduced in the course of a generation or two. The statistics collected and preserved by Mr. Sutterlin show that the stammering habit is contracted, with only very rare exceptions, between infancy and ten years of age.—*The Popular Science Monthly*, N. Y.

DEALING IN PAUPER CORPSES.—*Chicago*, June 2.—The Grand Jury in a supplemental communication

to the court to-day strongly condemned the traffic in corpses which has been carried on in this city. The Grand Jury says the conduct of the County Commissioners deserves the strongest condemnation.

MESSRS. PALLISER, PALLISER & Co., of Bridgeport, Conn., the well-known architects and publishers of standard works on architecture, have lately issued a sheet containing plans and specifications of a very tasteful modern eight-room cottage with tower, and also with the necessary modifications for building it without the tower, and with but six rooms if desired. In its most costly form, the outlay is estimated at \$3000; without the tower it has been built for \$2500; and if only six rooms are included, the cost may be reduced to \$1700 or \$2000. Details are given of mantels, stairs, doors and casings, cornices, etc. The publishers have found it the most popular plan they have ever issued, and state that it has been adopted in more than five hundred instances within their knowledge. The same firm issue specifications in blank adapted for frame or brick buildings of any cost; also forms of building contract, and several books on modern inexpensive, artistic cottage plans which are of great practical value and convenience to every one interested.

BINAURAL STETHOSCOPES.—That there is "nothing new under the sun" receives a fresh illustration in an old binaural stethoscope to be seen at Messrs. Caswell, Hazard & Co.'s, in the possession of Mr. Ford, the instrument maker, who thinks that it was made in France certainly before the present century. In great part it is made of silver, the ornamentation of which indicates its age. It is almost the exact counterpart of the instrument devised by the late Dr. Cammann, the flexible tubes being made of spiral wire covered with velvet. It lacks the ear-knobs. The degree of approximation of the ear-tubes is maintained by means of a set-screw.—*N. Y. Med. Jour.*

"DOCTOR" BUCHANAN ARRESTED.—*Philadelphia*, Pa., June 11.—Dr. Buchanan, of bogus-medical diploma fame, was arrested at Magnolia Station yesterday on a capias issued by the State Supreme Court. The capias was issued at the instance of his daughter, Isabella MacGarvie, and her husband, Michael MacGarvie, and the charge is said to be that he had without authority transferred property belonging to them and realized upon it. The damages are placed at \$1500.

THE LANGUAGE OF THE FUTURE.—When Dr. Edwards spoke Wednesday night, at the Saratoga meet-

ing, on the work among the Welsh, and the peculiarities of that people, the applause at his wit was almost continuous. As he closed his speech he said with great pathos: "But we are all journeying to that country whose inhabitants speak but one language, and I haven't a doubt but that language is the Welsh."—*Chicago Advance*.

DR. ROOSA has been appointed by the advocates of the New York code to prepare for publication a work opposing Dr. Austin Flint's work on the old code just issued. The same authority propose to publish as campaign documents letters from homœopathic physicians, to prove that certain prominent advocates of the old code have consulted with irregular practitioners.

PROFESSOR LASEGUE died in Paris of diabetic consumption, April 20th, aged sixty-eight. He was one of the first French alienists, and for thirty years editor of the *Archives de Médecine*.

AN IMPROVEMENT IN LITMUS PAPER.—Dr. Squibb has substituted for the ordinary blue and red litmus paper, a single color, viz., purple. This purple litmus paper turns red with acids, blue with alkalies. It is claimed to be much more delicate and convenient.

A BUST of Dr. J. M. Toner, of Washington, is to be made by Mr. J. Q. A. Ward for the Congressional Library, in honor of the gift from him of a large and valuable collection of medical books.

THE medical colleges of the United States now in existence number 110, while the total number in Canada is only 9. The schools of the United States graduated 4299 out of a total of 12,454 matriculates, or 34.6 per cent. The Canadian schools graduated 81 out of 595, or 14.6 per cent.

A CABLE dispatch from Berne, on May 28th, announces the death of the eminent German physiologist, Professor Gabriel Gustav Valentin. Professor Valentin was born at Breslau, Prussian Silesia, on July 8th, 1810, of Jewish parentage.

A WOMAN ON THE HOSPITAL STAFF OF A GENERAL HOSPITAL.—At the recent examination for the house staff at Mount Sinai Hospital, Dr. Josephine Walter was a successful candidate, and has received the appointment. Miss Walter is a graduate of the Woman's Medical College of the New York Infirmary, and after receiving her diploma spent six months in further studies before venturing her examination.

THE FREE CLINIC MANIA.—A writer in the *New York Medical Journal* says that in Buffalo, N. Y., there are nine free dispensaries either under way or starting. Further, he says: "Under the pretence of charity the physicians thus seek to advertise their names to the public, and jealousy has caused the dispensary mania to become epidemic, no one wishing to be outdone by another in the scramble for a vast acquaintance."

EDITORIALS.

NEWSPAPER CRITICISM OF THE CODE OF MEDICAL ETHICS.—Of course no sensible physician ever expects sensible criticism of his profession from the secular press. There seems to be an indescribable and inevitable cloud which enshrouds and emasculates the brain of the unprofessional writer whenever he undertakes to sit in judgment on cases or questions of a medical nature. As the result, every such composition is but a melancholy presentation of the inanity and folly and stupidity of each writer. One would suppose that such papers as the *New York Herald* and the *New York Times* and papers of equal capital and pretension would employ some competent professional man to write all of their professional articles; this is done with their agricultural, political, financial and statistical articles. Acknowledged experts, whose opinion carries weight in their departments, are employed for this purpose; but it is not so in regard to medical matters; however incompetent the general scribblers on each newspaper editorial staff may feel and even acknowledge themselves to be on the subjects mentioned, on the subject of medicine and professional legislation every one in the office believes himself to be a master, a very Daniel in judgment, and a wiser than Solomon on every question brought into the medical forum.

In regard to "consulting" with homœopaths by regular physicians, it does not seem to occur to these callow critics of the secular press, that "a consultation" is an agreement, and as there can be no agreement between honest homœopaths (the rascals or repudiators of their principles are, of course, ruled out) and honest physicians of the regular class, any charge for this or any pretension that there has been an honest consultation is simply a fraud; a palpable fraud to which no one can safely or properly stoop.

There can logically be no such consultations, and all of the silly vaporing of the secular press is simply absurd and ridiculous. It is "a Puss in Boots" exhibition which belongs to the stage of the harlequin,

and "the ring" of the clown, but certainly can have no proper recognition in the forum of scientific discussion.

Every physician reads a burlesque whenever he sees such displays in the secular press. It was to have been expected that "the great New York dailies" could surpass, in their efforts, the provincial papers, but they are as bad as the worst. Here are extracts that furnish very fair illustrations of what has been said. They are (1) from the New York *Times*, and (2) from the New York *Herald*:

THE DOCTORS AT CLEVELAND.

There is a growing belief in the world that privileges and pretensions which are too sacred for discussion will not bear discussion. The American Medical Association, at Cleveland, is doing its best to persuade the public that this is the case with the medical "code of ethics."

To begin with, this is an absurd misnomer. The question whether A shall refuse B the benefit of his medical knowledge and skill because he is applied to by C, who is a physician whom A considers necessarily incompetent to cure B, is, indeed, a question of ethics, but it is not a question susceptible of discussion. The obvious and only answer to it is that it is inhuman and criminal for A to refuse upon any other ground than that he can do B no good, B being already in as good hands as his, and to take this ground would be to contradict the assumption on which the question arises. If, in addition to being criminal and inhuman, a refusal in such a case is not unprofessional, it is because the code of professional etiquette not only is not a code of ethics, but contradicts every code of ethics that is based on human reason or human sympathy.

It is this barbarous code that a number of enlightened physicians in the State, after disregarding it in their own practice, agitated for the repeal of and finally obtained that measure of justice from the medical society of this State. They waived no rights of their own or of any other physician. They simply gained the right to say, each for himself, with whom and in what cases they would or would not consult. It is pitiful to see that even in this State these enlightened physicians do not now muster a clear majority of their profession, but only about one third of the whole number of "regular" physicians, and the profession in this State is no doubt as enlightened as in any other; in one respect more so, since it was in this State that the absurd and inhuman code was first repealed.

Nevertheless, the American Medical Association is afraid, as it may well be, to trust the subject to dis-

cussion by that body, which exists, if it has any excuse at all for existence, to discuss precisely such subjects. It will not even admit a delegate whose credentials are perfect until he has signed his adherence to the existing code. This has been likened to the introduction of a political machine at a political convention, but in truth no political clique ever had the audacity to make it a condition of admitting a delegate regularly chosen that he should assent beforehand to the clique's disposition of the most important business that was to come before the convention. But the tactics of the medical bigots are quite worthy of their cause. It is fitting enough that the tricks of a ward caucus should be invoked to sustain a rule that will not stand discussion.

THE MEDICAL WAR.

The "new code" and the "old code" physicians are, it seems, circulating papers through the State and getting subscribers among the doctors of the interior. All this is preliminary to the meeting of the American Medical Association, which is to assemble presently at Cleveland and is to act upon the questions in dispute.

It seems to us a great fuss about a small matter. The adherents of the "old code" appear to believe that if they can make a rule for themselves their patients will submit to this rule also. We fancy they are mistaken, and that if the American Association should be weak enough to attempt to enforce a rule preventing allopathic physicians from consulting with homœopaths, they would find both the mass of sensible patients and the greater number of sensible doctors quietly paying no attention to so absurd and truly unprofessional a regulation. For surely it is the first duty of a physician to be ready to ameliorate suffering and cure disease.

THE ORIGIN OF THE AMERICAN MEDICAL ASSOCIATION.—In the light of the great amount of silly talk regarding the "rebellion," "secession," etc., of the New York State Medical Society, it is interesting to read the account of the origin of the national organization as given by Dr. Toner, of Washington.

"The first meeting (of the American Medical Association) was held in the city of New York, May 5th, 1846, on a call of the *Medical Society of the State of New York* for a National Medical Convention." This action was brought about chiefly through the activity of a (at that time) New York physician, Dr. N. S. Davis.

It is an historical fact, therefore, that the New York State Medical Society called the American Medical Association into existence.

The child repudiates the parent before the latter has reached the maturity of a chartered existence.—*Exchange.*

Granting that this is all true, is there any reason furnished why "the parent" should repudiate the family laws of "the child," and yet ask to become a member of that "child's" household? But the claim that the Medical Society of New York is the parent of the American Medical Association, because it invited the physicians of the United States to meet in New York and form a National Association is a sham so transparent as not to need any further exposure.

If any family invites the citizens of a community to meet in its parlors and organize a church, is that family "the parent" of that church? or if a physician invites all of his brethren to meet at his office or house and organize a medical association, is he "the parent" of that body?

It is almost a waste of time to notice such childishness, but as it has been dignified by position and publication, it is well to put an arrow through the straw baby, and have it buried out of sight.

AN OLD PRACTICE ADHERED TO.—At the recent meeting of the Louisiana State Medical Society the following resolution, which needs no comment at our hands, was adopted. There seems to be a new and original school of virus attenuators in that State:

"Whereas, This society is informed that it is the practice of one or more practitioners of medicine within the limits of this State to inoculate human subjects with lymph or pus taken from small-pox patients, previously mixing it with milk or cream; therefore be it

"Resolved, That the practice of inoculating small-pox by mixing any product whatever from the body of a small-pox patient with milk, cream, butter, or any fluid obtained from the cow, is productive of no modification beyond that of direct inoculation from one person to another. It does not deprive the person thus inoculated of that power to communicate the disease through the atmosphere, which naturally small-pox possesses, and is therefore dangerous to public health."—*Record.*

This is simply a blow at Dr. Tebault, of New Orleans, who by his published cases of "modified inoculation" has demonstrated that all of the declarations in these resolutions are incorrect and untenable: "like the baseless fabric of a vision." They were passed when Dr. Tebault was absent.

DR. PLAYFAIR tells this story of himself. During one of his visits to the United States, a quack doctor

arrived at the same hotel, announced himself as "Dr. Lyon Playfair," and arranged for consultations in his rooms. The real Dr. Playfair determined to call upon the intruder and expostulate with him upon the impropriety of his assuming the style and name of a member of the Privy Council, Chairman of Committees of the British House of Commons, her Majesty's ex-Postmaster-General, etc., etc. The American listened attentively, and eyeing him with evident interest. When he had finished, the quack doctor put his hand on Dr. Playfair's shoulder, and looking him steadfastly in the face, observed: "Stranger, I don't doubt that all you say is true; but I never heard of you before in all my life!" The man was evidently speaking the truth, and Dr. Lyon Playfair retired, abashed at the narrow limits of public fame.

THE ORIGINATOR OF THE ARMY MEDICAL MUSEUM AND OF THE MEDICAL AND SURGICAL HISTORY OF THE WAR.—Dr. William A. Hammond has obtained from the Adjutant-General of the Army a correction of the statement circulated in the general order announcing the death of Surgeon-General Barnes, and unjustly giving the deceased credit for originating both the museum and the library. Dr. Hammond adduces proof that he conceived and put into execution the plan of establishing a medical museum and of writing a medical and surgical history of the war. His pamphlet sent to the medical press gives a concise and authentic account of the whole matter.

IMPAIRED VISION.—Colonel Yerger is losing his eyesight, but his appetite is just about the same as ever. He gets his dinners at a hotel, and his impaired vision is a source of great distress to him. When he was asked if he experienced any inconvenience, he replied emphatically:

"I should say so. I can't read this bill of fare properly. I am hungry yet from missing two kinds of fish day before yesterday, and I skipped the custard pie yesterday, and overlooked some fresh dewberries they had to-day. Impaired vision is a great affliction. I can never tell now when I am through dinner."

TO PHYSICIANS.—A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient. Specimen copies of the Journal will be sent to any addresses which subscribers may be kind enough to furnish.—EDITOR.

GAILLARD'S MEDICAL JOURNAL

AND

(THE AMERICAN MEDICAL WEEKLY.)

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SELECTIONS.

SIMULATED SCARLET FEVER.—Reference is made in a recent report by Mr. Crowfoot, the health-officer of Beccles, to the existence in that borough of a number of cases of an eruptive disease among children, very similar in some respects to scarlet fever, yet differing entirely in other respects. The disease was characterized by an eruption on the soft palate and on the skin, exactly similar to the appearance presented by a case of scarlet fever. It was also associated with the same high temperature and constitutional disturbance during the time the eruption lasted, as is generally the case in the latter disease. The eruption in most cases appeared about the second day of illness, and lasted from two to six days. In no instance, however, was it followed by any desquamation of the cuticle, by enlargement of the cervical glands, or any of those sequelæ frequently seen after attacks of scarlet fever. At the end of a week the child was usually convalescent, and had quite recovered at the end of a fortnight. It was noticed also in several cases that one member of a family only suffered from the complaint, the disease not appearing to be of so contagious a nature as scarlet fever. This eruptive disease may possibly have been dependent upon the same poison as that of scarlet fever, modified either by atmospheric conditions, or by some local or constitutional cause. Mr. Crowfoot observes that, in the initial fever, and in the appearance of the eruption, the two diseases presented an exact similarity, but, in the absence of desquamation and enlargement of cervical glands, a marked difference. In no case that came under notice did the disease terminate fatally or present any grave constitutional symptoms.—*British Medical Journal*.

THE SALICYLATES AND HEMORRHAGES IN ENTERIC FEVER.—Dr. James Fergusson, of Perth, writes :

“ At the time when salicylic acid and its compounds are receiving so much attention, the following facts may be regarded as at least worthy of statement :

“ Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use when an increased frequency of hemorrhages from the bowel raised the question, Could the salicylate be favoring the production of that complication of the malady ? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterward, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also salicylic acid (though of the latter I cannot be certain, as I am not able now to find the report in question), to cause intestinal and nasal hemorrhages. The subject would not have been revived by me at present but for the recent experience of my successor in the resident's office of the above-mentioned institution, D. H. McLean Wilson, who joins me in placing the facts before the public. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hemorrhages to follow closely. His employment of the agent differed from mine, in that he administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-drachm or drachm doses at longer intervals apart. In the other respect, however, our experiences have been so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers.”—*British Medical Journal*.

CONGENITAL MALFORMATIONS OF BOTH KNEE-JOINTS.—Mr. Hubert Sells, Senior Resident Obstetric of Guy's Hospital, describes the following case of

malformation in a new-born infant, very fairly developed: On looking at the lower limbs, the first thing that struck one was, that the patellæ on both sides were apparently missing, and in their place was, on each limb, a depression. The description of one limb will suffice for both. The movements of the hip-joint were complete. The thigh, instead of being convex, was slightly concave on its anterior aspect. The tibia and fibula were in their normal relative positions. The foot looked forward naturally, and the ankle-joint was normal. The patella was placed at the back of the joint instead of in front. In the normal position of the patella was the depression above mentioned, which apparently represented the popliteal space, as the continuation of the femoral artery could be felt pulsating here, and there were some tendons on either side of it, analogous to the ham-string tendons. There was also, running down a little to the inner side of the centre of this space, a strong tendon, which was continued downward to the head of the tibia, and may have been the representative of the quadriceps extensor tendon. Posteriorly, the patella was rather firmly fixed, nearer the femur than the tibia, in a strong tendon, so that the impression at first was that it (the patella) was attached by osseous tissue to the femur. This idea was, however, dispelled on moving the joint. The movements of the knee-joints were perfect but reversed. The tendon in which the patella was fixed was exactly like the ordinary extensor tendon of the thigh. The artery could not be traced below the head of the tibia. It may, I hope, be seen from the above description, that the leg could be flexed on the thigh anteriorly, as much as it would have been posteriorly in the normal state. When the child was first seen, it had the toes of one foot almost in its mouth, which, of course, it could reach easily without flexing the thigh. The child died on the third day after birth, and, unfortunately, the parents would not consent to a *post mortem* examination.—*British Medical Journal*.

THOMSEN'S DISEASE.—Professor Westphal recently showed to the Berlin Medical Society two patients suffering from a very unique affection which he christened at the time, and very appropriately, with the name of "Thomsen's Disease." Dr. Thomsen, a general practitioner in Schleswig, first described the trouble in 1876, having himself been a victim to it all his life. Since his description was published only eight similar cases have been reported, and so far the disease appears not to have been observed in France, England, or America.

The prominent symptom is the following: When

the patient under certain circumstances attempts voluntary movements, the muscles undergo tonic contraction, and the movement is stopped or hindered. Thus, after long sitting or standing, if the person tries to move, he finds his muscles so stiff that it is at first impossible to stir. The same thing follows after rapid and powerful muscular movements. The unfortunate patient, in trying to run or dance, is suddenly overcome with muscular stiffness. If he throws a stone, the extended arm remains rigid. Sudden irritations, either physical or mental, also bring on the spasm. If, while walking along, the foot strikes a stone, the leg becomes rigid and the patient may fall down. In some of the cases simply concentrating the mind upon the trouble would bring on some evidences of it.

The spinal nerves are most affected, but the innervation of the face, and even of the ocular muscles, is partially interfered with. The smooth muscles are not disturbed. The muscles undergo an increase in volume, though not in proportionate strength. Their electrical reactions are unaffected. Microscopic examination of the fibres shows nothing abnormal. The reflexes are normal. Sensibility is undisturbed, and the contractions and stiffness do not cause pain.

The cause of the disease is not known, but it has a curious hereditary tendency. In fact, most of the cases have occurred in Dr. Thomsen's family, where it has been traced through four generations. Dr. Thomsen was inclined to think that the trouble had a psychical basis, but Westphal believes it to be an anomaly of the muscular tonus. Treatment accomplishes little or nothing. The disease is a pathological curiosity and a highly interesting one.—*Record*.

MISCELLANEOUS.

IS LEPROSY CONTAGIOUS?—A portion of the American press has lately been exercising itself at the expense of the profession, and of one practitioner in particular, upon a discussion as to whether lepers should be allowed to mix freely with the community. The question has arisen in the case of a wealthy planter from the Sandwich Islands who went to Philadelphia to place himself under medical care, and has since been travelling in the States with his adviser. It is assumed in these discussions that leprosy is unquestionably contagious, and that the proof of this is incontestable. It is the prevailing belief in the profession at the present time that leprosy is not contagious, except possibly by inoculation, though it is true that many excellent ob-

servers in late years have brought forward arguments worthy of the closest observation to prove the contagiousness of this widespread disease, and the discovery of the bacillus lepræ has opened out new fields of speculation. We lately referred to some evidence pointing to the fact that if leprosy is contagious, it is by the inoculation only of the discharges from ulcerating surfaces. That the possibility of contagion is very limited, in temperate climates at any rate, is apparent from the absence of fresh cases arising from the considerable number of lepers in this country and among the Chinese and Norwegian immigrants in America.—*Lancet*.

ARSENICAL POISONING.—Eighty-four samples of colored paper, supplied by a Massachusetts firm for the use of Kindergarten pupils, show arsenic to be present to a considerable extent in a large number of the papers, and in eight of the specimens, to a dangerous degree. These strips of paper are used by the children in weaving various designs, and of course this work is a most natural occasion for the use of nature's mucilage—the saliva. The manufacturer, indeed, calls attention to the fact that the most attractive colors contain arsenic—cannot, indeed, be made without it—but suggests that there is no danger if the children be taught to work with their mouths shut! Even if a child could be taught to overcome its nature enough to keep things out of its mouth, while it might in a measure diminish the risks from lead and other poisons used in the same papers, it is hardly necessary to say that it would be far from removing the exposure to arsenical poisonings.—*The Medical News*.

KILLED BY AN IMAGINARY COBRA.—Surgeon-General Francis, of the Indian Medical Service, reports the following case: A drummer was suddenly aroused from his sleep by something creeping over one of his naked legs. He immediately jumped to the conclusion that it was a cobra, and his friends, collected by his outcry, not unnaturally thought so too, and he was treated accordingly. Incantations, such as are customary among the natives on these occasions, were resorted to, and the poor fellow was flagellated with twisted cloths on the arms and legs in view partly to rouse him, but principally to drive out the evil influence (spirit?) that for the time being had got hold of him. With the first light of dawn the cause of the fright was discovered in the shape of a harmless lizard, which was lying crushed and half killed by the side of the poor drummer. But it was too late. From the moment when he believed that a poisonous snake had bitten

him he passed into an increasing collapse until he died. The drummer was not a strong lad, and the shock was too much for him.—*Medical Times*.

COFFEE as a vehicle for quinia is again advocated by a writer in the *Lancet*. It has been shown that the taste of the drug is thus disguised only because its solubility is diminished.

THE HANDS OF PRIZE FIGHTERS.—It is a very important thing to get the hands in good condition before a fight. To do that if they are pulpy and soft, we sweat them as much as possible and rub them, to work off the superfluous flesh and fatty tissue. Then, about two weeks before the time for the fight, we begin pickling the hands. This is deferred as long as possible because it is a very disagreeable operation. It gives a very disagreeable feeling to the hands, and if you incautiously touch your eyes with fingers that are undergoing the pickling process, you will hurt them severely. The pickle is composed of vinegar, alum, horseradish, saltpetre, and tan water, all boiled together. When a man's hands were inclined to be very fleshy, we used to put in a little copperas also, which cuts down the flesh very rapidly. That, however, was only in extreme cases. When a man has come in from his afternoon exercise, had his bath, rub down, and supper, then for a while before he goes to bed he has to sit and soak his hands in a pot of that pickle, rubbing them hard at the same time. Soon they get hard and almost as rough as a nutmeg grater. Once a day is enough. It takes some time after the operation for the hands to get fleshy and soft again, much longer than it does to bleach them to a decent color again.

INSURANCE OF INFANT LIFE.—In commenting on the high death-rate among infants in Glanford Brigg during the past year, Mr. Moxon refers to the more than questionable practice of insuring the lives of children directly they are born. The insurance of the life of the bread-winner of the family is a most desirable and praiseworthy precaution against the loss which his family would sustain if he were removed by death, but it does not seem that, in ordinary circumstances, the lives of the children, or indeed of the wife, need be insured. In Glanford Brigg the practice is extensively carried on, one agent alone having hundreds of insurances in this neighborhood, the majority of which are on the lives of children. While not charging any individual with an abuse of the system, Mr. Moxon rightly holds it to be an objectionable, and, maybe, a dangerous thing, that a

parent should have a money interest in the death of those dependent upon him.

DID SYPHILIS EXIST IN AMERICA BEFORE THE DISCOVERY BY COLUMBUS?—In refutation of the affirmative, which has been asserted by some, Dr. William F. Whitney (*Boston Medical and Surgical Journal*, April 19th, 1883) concludes that the evidence presented thus far does not as yet clearly prove the existence of syphilis in this country previous to the landing of the Spaniards. The conclusive proof is still to be furnished by an extensively and symmetrically diseased skeleton, or by a skull presenting a typical case of caries sicca, as described by Virchow, in his *Archives*, Vol. XV., p. 243. The exostosis noted on the bones of the legs of skeletons found in Indian burying-mounds and preserved in museums, might have been readily caused by violence, and many other agencies than syphilis.

IS CRANIOTOMY JUSTIFIABLE?—From an analytical study of the subject, Dr. Montgomery (*Philadelphia Medical Times*, March 10th, 1882) is inclined to answer the above question in the negative. He terminates his studies by stating the following proposition: Craniotomy is unjustifiable, as it considers only the life of the mother, and destroys that of the child, while it is our duty to endeavor to save both. In pelves with a conjugate diameter greater than two and a half inches we have other alternatives equally safe for the mother, which afford the child a chance for life. These alternatives suggest, in the following order, where the conjugate measures 3.25 inches or over, the forceps; 2.75 inches or over, version; 2.375 inches or over, symphyseotomy, followed if necessary by the forceps. In all subsequent pregnancies, and in the first when distortion is discovered sufficiently early, premature labor should be induced. In pelves measuring less than two and a half inches, Cæsarean section affords better results for the mother, and should be done whether the child be living or dead. In a limited number of cases (where the os is dilated) laparolytrotomy may be preferred to Cæsarean section. In all cases requiring it, operative interference should be early. The obstetrician should control events, not be controlled by them.

SYPHILIS IN THE NINTH CENTURY.—Between the years A.D. 806 and 810, an emperor of Japan commanded his court physicians, Abemamas and Idzumo Kirotsada, to collect in one volume all extant records of native medicine and surgery. A manuscript copy of this work, for centuries forgotten, although

the facts of its origin were recorded in Japanese history, was found in 1827 by a priest, in a provincial Buddhist temple. Dr. Scheube, of Leipzig, has recently examined this work, and, in an article published in a recent number of Virchow's *Archiv*, has shown its undoubted authenticity and its high value from a purely scientific point of view. It was written long before Chinese ideas had penetrated into Japan and influenced native practitioners. The most interesting passages are descriptions of local and general affections, which clearly prove that syphilis, and several allied disorders, were well known to the ancient Japanese. Chancroid and phagedenic chancre are clearly described, as well as a "swelling on the penis, of the size of a millet-seed," followed by eruptions, feverishness, pains in the bones and head, blindness, swelling of the testicles, and other very familiar symptoms. These were observed to continue for many years. The passages of this work, called the Daidorui Thiu-hu, which relate to the treatment of these symptoms, have not yet been translated into English. Herbs alone appear to have been used, and without much success; mercurial treatment was introduced at a comparatively recent date, from Europe. The ancient Japanese surgeons do not appear to have recognized the venereal origin of the disease which they describe, although the Daidorui distinctly traces all the secondary symptoms to "the poison from the affected organ."

GONORRHOEA — SOLUTION OF PERCHLORIDE OF MERCURY.—Toward the end of last year, Dr. Leistikow read a paper at the Berlin Charité Medical Society, detailing the results of his researches on the gonorrhœal bacteria first discovered by Neisser. The various remedies, he contended, used in gonorrhœa, such as zinc, lead, tannic or carbolic acids, after a few injections, dispersed all the bacteria; as did the copaiba balsam when taken internally. *Corrosive sublimate* also prevented the development of bacteria; and Dr. Leistikow especially recommended it as the best means of treatment of gonorrhœa, employed in an exceedingly weak solution (10 to 20,000 or 30,000). The strength of solution recommended by D. Campbell Black, Glasgow, is one to two grains to eight ounces of water; and he does not know a case of uncomplicated gleet to resist this treatment.

A CUFF-BUTTON ASTRAY.—Dr. Henry Russell, of Quebec, performed a surgical operation upon a well-known Sherbrooke citizen, extracting from the calf of his leg a cuff-button which the latter supposed he

had lost some time ago. How the button got into such a singular position appears to be an inscrutable mystery.—*Montreal (Canada) Witness*.

TYPHO-MALARIAL OR CONTINUED FEVER.—Dr. R. D. Webb concludes a paper in the April number of the *American Journal of the Medical Sciences* as follows :

"Seeing, then, that fevers are so closely allied generically, and that even when separated into species, there are striking resemblances ; that pathological researches do not establish a constant anatomical lesion, which is pathognomonic of any one of them ; and that ulceration of Peyer's glands (claimed as characteristic of typhoid fever) is frequently found in other diseases, we are justified in claiming that a *continued fever*, occurring under circumstances which point to a miasmatic origin, although it may present many of the vital phenomena of the typhoid fever, and occasionally its recognized anatomical lesion, is still *malarial fever*.

"There remains, to his mind, but one other explanation of these continued fevers, viz., that they are to be regarded as atypical typhoid fevers originating *de novo*.

"But, admitting the origin, *de novo*, of typhoid fever from animal miasm, and that possibly it may have thus originated in the example he has given, even the warmest advocate of this view will be unable to bring those sporadic, isolated cases which occur again and again in *malarial*, but otherwise salubrious and healthy country localities, within the rôle of such instances as are claimed as establishing this mode of origin.

"The natural conclusion, taking all the facts into consideration, is that they are *malarial* fevers of a typhoid fever, using the term typhoid, not in a specific sense, but indicating a typhoid condition of the system."

ON THE USE OF ANÆSTHETICS DURING LABOR.—By Thomas D. Savill, M.D.—In a paper recently read before the East Surrey District of the South-Eastern Branch of the British Medical Association, Dr. Savill indicates what he believes to be the main precautions, the observations of which would render the use of chloroform perfectly justifiable. 1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fibre—weak anæmic females in their eighth or tenth confinement ; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong

healthy primiparæ whose pelves and general build approximate to the masculine type. 2. We should not give it when labor is complicated with severe vomiting, or with acute heart- or lung-disease, unless there be imperative call for it. 3. It should not be given to the full extent, except for operation, convulsions, or spasm of the cervix ; and then it is most necessary that one person should devote his entire attention to it. 4. The inhalation should be stopped directly we find the pulse becoming very weak, or the respiration irregular. 5. Anything which makes us suspect a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy), but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain. Fatty heart may be suspected by an exceedingly feeble cardiac impulse, combined with an almost inaudible first sound ; or attacks of dyspnœa, vertigo, and syncope, in the absence of anæmia, or valvular lesion ; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of præcordial dulness, combined with epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position, and does not shift with respiration ; or when there is depression instead of protrusion of intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse. 6. In all cases, we should take extra care to prevent the occurrence of hæmorrhage after birth ; by giving a full dose of ergot when the head reaches the perinæum ; by ceasing the chloroform immediately it is born ; and by rousing the patient from her lethargy as soon as possible.—*British Medical Journal*.

PERSISTENCE OF THE HYMEN FOR TEN YEARS AFTER MARRIAGE.—Dr. Hubert Bœus, of Charleroi (*Journal d'accouchements*), having been consulted by a tall and constitutionally anæmic blonde with general functional weakness and irregularity, instituted a search as to the cause of this condition. The woman was thirty years old, and had been married ten years. According to her story, she had menstruated regularly since puberty, though of late the flow had decreased gradually in quantity and had paled in color. An examination of the parts revealed an apparently

imperforate hymen, though the woman and her husband did not know she was different from other women. A subsequent examination during menstruation revealed a small opening about the median portion of the right labium majorum, through which the fluid gradually oozed. On the following day the author made a double incision, which resulted in so good a vaginal orifice that at the end of ten months, the woman, being perfectly cured of her constitutional anæmia, gave birth to her first child. The mother is now thirty-five years old, and in perfect health.—*Obstet. Gazette.*

HOW ANIMALS SHAKE THEIR SKINS.—*Longman's Magazine* says in lower animals is found a peculiar muscle called the panniculus carnosus. When a lively porpoise disports itself in the waves, rolling head over heels, and otherwise exhibiting that propensity for aquatic gambols which is a characteristic of its race, the muscle just named may be credited with a full share of work in producing the movements of the lithe fish-like frame. It would not be incorrect to describe the body of the porpoise as being literally swathed in this great muscle, so thoroughly developed are its proportions in that animal. When that modest but bristly quadruped, the hedgehog, contrives in a moment of surprise to roll head and tail together, and to present an impregnable surface to the gaze of his enemy, human or canine, as the case may be, his "panniculus" does the work of suddenly transforming him from an active quadruped into an inanimate ball of spines. A dissection of a hedgehog would show us that the great skin-muscle can be split into nine pairs of muscles, and that one of these pairs represents the "scalp-muscle" of humanity. Or again, when we see the horse "shaking his coat," or the retriever dog which has just left the sea sending the water from off his skin in the effective fashion of his race, it is simply the action of the "panniculus" muscle in another phase of its action. Is the "panniculus" developed in man, and what are the functions it can be shown to possess? As previous studies will have led one to expect, the "panniculus" of man exists, firstly, in a condition which may truly be described as "rudimentary" when compared with its development in lower life. The "scalp-muscle" has just been noted to represent part of the "panniculus," which in man thus becomes split up into separate and detached portions. Another part of the great "skin-muscle" of the hedgehog is found in the muscle which in human anatomy receives the name of the platysma. This latter muscle exists as a broad sheet of fibres, lying just beneath the skin on each side of

the neck. In man it serves to wrinkle the skin of the neck, and it also aids in depressing the lower jaw. In other parts of man's body traces of the division of the "panniculus" are also to be found, in the proportion of about three per cent in upward of six hundred bodies examined. Turner tells us that a muscle of man's trunk, usually regarded by anatomists as of ordinary type, is really a fragment of the great "skin-muscle."

NOCTURNAL ENURESIS, TREATED BY VOLTAIC ALTERNATIVES.—Dr. Althaus writes: "In June, 1882, I was consulted in the case of a boy, aged 15, who had suffered from incontinence of urine during sleep ever since he was nine years of age. He had been treated with belladonna and other medicines without relief; and as he was about to enter a public school, where a continuance of this trouble might have been particularly annoying, the parents were very anxious that something more should be done. The boy's general health was good, but he was considered a nervous child, and highly sensitive. There were no ascarides, but he had a very long prepuce which could only with difficulty be retracted. There was, however, no suspicion of masturbation. Treatment by electricity having been recommended, I applied the middle-sized circular cathode over the region of the bladder, and the large oblong anode (five inches by two) to the lumbar portion of the spine. The current-strength 2.50 milli-amperes for five minutes at a time. As after a few such applications no material benefit appeared to have been gained, I then added fifty voltaic alternatives produced in the metallic circuit. The night after this he was free from the usual annoyance, and the boy has made an apparently uninterrupted recovery." Dr. Althaus prefers this method of treatment to injections of nitrate of silver, as recommended by Sir Henry Thompson. He believes that belladonna is of value when enuresis is distinctly caused by undue excitability of the bladder.—*British Medical Journal.*

TREATMENT OF DYSENTERY.—Mr. F. Rawle, M.R.C.S., observes that, at the present time, when dysentery is very prevalent, especially among those who have returned from the Egyptian war, any suggestion that may mitigate the suffering of so fatal a malady will be hailed with gratitude. The plan he has used with most success is the following: First, having placed the patient between warm blankets, a pint and a half of warm water, at a temperature of 90° Fahr. is injected. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed

the mucous membrane of the colon and rectum, and brought away any *effete* matter, two ounces, by measure, of the following enema is administered with a gum-elastic bottle. R Quinine sulphate, ten grains; compound tincture of camphor, four drachms; decoctum amyli, to two ounces. Mix, and when about milk-warm, inject, which is generally retained; but, if ejected, it may be repeated after an hour or two. This has been found of great service, and very grateful to the patient; the effect is like magic. If griping pains be felt over the region of the epigastrium, half-drachm doses of chlorodyne, in some aromatic water, mint, caraway, or aniseseed, should be given. The diet, of course, should be of the most soothing kind: jellies, isinglass, linseed, toast and barley water *ad libitum*. Ipecacuanha appears of little service, and Mr. Rawle has discarded it from his treatment. Warm turpentine stupes on warm flannels, over the hypogastrium prove very beneficial.—*British Medical Journal*.

WILD INHABITANTS OF A MOUNTAIN CAVE.—Probably the greatest curiosity in the shape of a human being ever seen by Denver people is on exhibition here now. The story of the wild man and the wild woman from the mountain fastnesses of the Pueblos is not entirely a myth. It is said these singular beings were captured in a cave near Los Crusis about two months ago by Captain Lovett, who has them in charge. Captain Lovett tells a strange story of their capture. For many months he had known of their existence, and resolved to capture them. With a party of three others he discovered their hiding-place in a cave. Relying upon his great physical strength, he entered the place with the intention of dragging the little people from their bed, when the man pounced upon him like a tiger. A desperate struggle ensued, and had not his comrades come quickly to the rescue, Captain Lovett would have been killed. So badly was he hurt that he was confined two weeks to his bed. Though the man will not weigh more than eighty-five pounds, he is said to be a creature of giant strength. After this encounter it required the combined strength of the rest of the party to conquer the little giant. When found, both were naked and utterly devoid of intelligence. Though they could communicate with each other in a guttural chatter resembling that of the monkey, there was not an articulation that in any wise assimilated a word in any language of earth. A few days ago they were brought to Denver, and last night placed on exhibition at the place named. They seem to be utterly devoid of sense, but have become tractable by constant association with their keeper. They have the

color of the Indian, and both are hideous in appearance. Whether the story of their wild life be true or not, they are idiots, and probably belong to the Pueblo tribe.—*Denver (Col.) Tribune*.

MEDICAL NEWS.

FREE FROM SMALL-POX. *Wilmington*.—For the first time since November, Wilmington is to-day officially reported absolutely clear of small-pox. During its prevalence there were 220 cases, of which 77 proved fatal. Nearly all the fatal cases were among patients who either had never been vaccinated, or had not been vaccinated since childhood.

A NEW METHOD OF DESTROYING THE FŒTUS IN CASES OF EXTRA-UTERINE PREGNANCY.—Dr. Kochmann, of Strasburg, reports a case of extra-uterine pregnancy, six months advanced, in which the fœtus was destroyed by a single application of sparks from a static battery. The duration of the sitting was about fifteen minutes, and sparks about one and one-half centimetres long were drawn.

THE corporation of Trinity Church, N. Y., has recently been building a number of model tenement-houses in which special attention is devoted to the sanitary arrangements. One excellent feature about them is a large open court in the centre for the use of the occupants.

THE ORDER OF THE ROYAL RED CROSS.—The Queen of England has created a new decoration designated "The Royal Red Cross." It is to be bestowed as a recognition of special services in nursing or attending the sick and wounded soldiers and sailors. It seems to be intended chiefly for trained nurses.

BRITISH MEDICAL ASSOCIATION.—The fifty-first annual meeting of the British Medical Association will be held at Liverpool, England, on Tuesday, Wednesday, Thursday, and Friday, July 31st, August 1st, 2d, 3d, 1883.

THE Massachusetts State Medical Society has again refused to admit women to membership, by a decisive vote, at a meeting held June 13th.

PROF. RICHARD J. LEVIS, Philadelphia, has purchased the mansion at Kennett Square, this State, that was for many years the home of Bayard Taylor; it is situated upon the brow of a hill, commanding an extended view.

THE CODE OF ETHICS.—Dr. Keller offered the following resolution: *Resolved*, That the State Medical Society of Arkansas not only heartily condemns the effort of any local or State body of medical men to break down or destroy the Code of Ethics of the American Medical Association, but pledges itself to encourage no medical school or college whose professors, one or more, indorse or favor such effort.

The resolution was unanimously adopted.

THE Illinois State Board of Health is revising its Directory of the Institutions granting Medical Diplomas or Licenses in the United States and Canada. Copies of the last issue are being sent to the medical colleges asking for corrections and additions, at the same time reminding the colleges that the schedule of "minimum requirements" as to the good standing of schools in that State is now in force.

RAVAGES OF YELLOW FEVER. *Galveston.*—Private advices from Vera Cruz state that yellow fever is making fearful ravages among the Europeans and Americans at that place. Ten deaths occurred in the hospital recently and 1000 during the last two months. Capt. Peddes, who had run to Rio and other ports for nine years, died from a severe type of black vomit after only 12 hours' illness. The newspapers there speak of the heat this year as terrible. The disease is also at Pensacola.

THE Board of Education in this city has decided to extend the annual vacation in the public schools until the second Monday in September instead of the first, as heretofore. This action was in partial compliance with a petition signed by a large number of medical men, and which Dr. A. Jacobi was mainly instrumental in getting up, asking that the opening of the schools might be postponed until the third Monday in September on account of the depressing effect, especially upon young children, of the intense heat of the early part of September, coming as it does at the end of the long-continued hot weather of the summer.

THE POLYCLINIC.—The *Medical Register*, published by P. Blakiston, Son & Co., is discontinued, in favor of a more pretentious journal, *The Polyclinic*, which, though of entirely different character, will include the principal features of the *Medical Register*.

The Polyclinic will be conducted by the Faculty of the Philadelphia Polyclinic and College for Graduates of Medicine.

NEW JERSEY STATE MEDICAL SOCIETY.—The One Hundred and Seventeenth Annual Meeting of the Medical Society of New Jersey was held at Atlantic City, on June 12th and 13th, and the following officers were elected for the ensuing year:

President.—Stephen Wickes, M.D., of Orange.

Vice-Presidents.—P. C. Barker, M.D., of Morristown; Joseph Parrish, M.D., of Burlington; Charles J. Kipp, M.D., of Newark.

Corresponding Secretary.—William Elmer, Jr., M.D., of Trenton.

Recording Secretary.—William Pierson M.D., of Orange.

Treasurer.—W. W. L. Phillips, M.D., of Trenton.

Standing Committee.—Drs. T. J. Smith of Bridge-ton; Samuel S. Clark, of Belvidere; E. J. Marsh, of Paterson.

The next meeting will be held at Cape May, on the second Tuesday in June, 1884.

STATE MEDICAL SOCIETY OF ARKANSAS.—Afternoon session. Officers for the ensuing year.

President.—J. M. Keller, of Garland County.

Vice Presidents.—G. W. Hudson, of Ouachite County; J. M. Carrigan, of Hempstead County; J. F. Blackburn, of Franklin County; D. S. Mills, of Jefferson County.

Secretary.—L. P. Gibson, of Pulaski County.

Assistant Secretary.—E. Meek, of Pulaski County.

Treasurer.—A. L. Breysacher, of Pulaski County.

Librarian.—John Waters, of Pulaski County.

Little Rock was decided upon as the next place of meeting.

MEDICAL INCOMES OF NEW YORK.—A daily paper of this city has recently published the results of a reporter's investigations regarding the income of some of New York's prominent physicians and surgeons. The publication is an impertinent one, yet we cannot but notice the very moderate amounts at which the incomes of even the best-known practitioners are fixed. The largest do not exceed \$25,000, and the average in a list of about thirty names is about \$15,000. We are inclined to think that the estimates are somewhat under the real amount in many cases. Yet there is no doubt that the enormous sums of \$60,000, \$80,000, and \$100,000 per year, which it is rumored some New York medical men receive, are great exaggerations. We doubt if the average income of the New York City physician exceeds \$5000, and there is a very large number, if not a majority, who do not get even this sum. A doctor has to work hard to make \$400 a month, unless he has the better class of patients.—*Record*.

A PANIC prevails in the Levant and along the line of the Suez Canal in consequence of the ravages of the cholera. This dreaded disease made its appearance in India more than a month since, and its insidious approach toward Northern Africa and the Mediterranean has heretofore excited no comment. Suddenly in Damietta, and at one or two less important points in Egypt, the cholera is slaying hundreds of people each day. A strict quarantine is enforced against vessels arriving at European ports from Egypt, and great efforts are being made to save Cairo and Alexandria from the scourge.

EDITORIALS.

THE ATTACK UPON THE MEDICAL STAFF OF THE ARMY IN EGYPT.—The *News* says a very strong feeling has been excited in the profession by the attack Lord Wolseley has made upon the medical officers who accompanied the army in Egypt. Lord Wolseley charges the surgeons with allowing their patients to suffer from want of proper food, beds, curtains, whisks, etc. In brief, the reply is, first, that the patients did not thus suffer, and here the chief of the staff, who was in constant communication with the doctors, is in direct opposition to Lord Wolseley; second, that Lord Wolseley expressed at the time of his visits to the hospitals his hearty and complete approval of the way the sick and wounded were cared for, and even telegraphed home that the medical service was quite satisfactory; third, that he did not take any steps at the time to remedy what he now so bitterly complains of. The whole matter has been investigated by a committee, and Sir William MacCormack has done good service on the committee by his advocacy of the just claims of the surgeons. One of Lord Wolseley's complaints is that at one of his visits to the hospital at Ismailia he could not distinguish the features of the patients, owing to the myriads of flies which had settled on them; but it is openly asserted that this visit was actually paid *at dusk*. Another charge he makes is that on a certain day the patients at this hospital were lying on the floor without proper beds, and the actual fact is that there were three hundred patients in the hospital at this time, and of these two hundred and seventy were in beds. The other charges are equally reckless. At first Lord Wolseley's evidence made a great impression upon the public, but now opinion is coming around to see the facts in their true light. It is hoped that the matter will form the subject of a debate in the House of Commons.

OPERATIONS OF EXPEDIENCY.—A somewhat unusual question, says the *Boston Medical Journal*, has arisen as the result of a shooting affair in Washington. Shots were fired both by a man and woman, each having a pistol of different calibre. "Balls have been found in the walls of the room of size corresponding to the bore of each of the pistols. "One bullet took effect in the body of the victim, and it is uncertain from which of the weapons it was fired. The man who was shot declines to have the bullet removed, as the surgeons decide that that operation is not at present necessary for his life. The prosecuting officers suggest that the court order the extraction of the missile to determine who was the assailant. The supposed location of the ball is not reported. To the ordinary classification of operations into those of necessity, expediency, etc., we shall now have to add another category, those in aid of public justice.

THE POLYCLINIC.—At the recent dinner given by the Faculty of the Polyclinic of this city to its assistant staff, Dr. Wyeth, the secretary, in his speech, said that the experiment of the Polyclinic, which had existed for one season, had proved a great success. The lectures had been attended by 161 students. Many had been refused admission, as it was thought best not to crowd the school, but to do the work thoroughly. Only clinical medicine and surgery had been taught and didactic lectures had formed no part of the plan of instruction. Practitioners only were admitted. In the dispensary 5117 persons had been treated. The Rev. Dr. Armitage congratulated the Polyclinic on its success, and recommended the doctors to teach their poor patients self-reliance.

WHAT IS VIRTUE?—The Emperor Sigismund, in conversation with Theodoric, Archbishop of Cologne, asked the Primate how he ought to act so as to obtain happiness. "We cannot, sire, expect it in this world." "What, then, is the way to gain happiness hereafter?" "You must live virtuously." "What do you mean by that expression?" "I mean," answered the archbishop, "that you should always pursue the plan of conduct which you promised to follow when ill and supposed you were to die."

A TYPICAL CHARLATAN.—Dr. C. H. Miller, Peabody, Kansas (*Therapeutic Gazette*), describes a charlatan of a type which is very familiar to the readers of the journal. He was a short, stout, bloated piece of pomposity, vanity and egotism, who had the per-

sistency, audacity and artfulness of seven devils, and who succeeded in winning the most extensive practice Dr. Miller had ever known a physician to have, by sheer force of downright and deliberate quackery. He was a man of education and considerable worldly experience long before he entered the profession, a graduate of a highly flourishing academic college and of a standard institution of medicine. He started out in his profession by marrying the only daughter of a wealthy farmer and settling down for practice in a third-class city in one of our Eastern States. The magnificent pomp and display here, however, was a little too much for him, by those revelling in wealth and social distinction, and after staying just long enough to take it all in and profit by his experience, his wife died; several thousand dollars came into his coffers as a gift from his father-in-law; he took unto himself an old-maid school teacher, with all the experience of the world upon her and peculiarly fitted for the helpmate of such a man by all the cunning, artifice, strategem, hypocrisy and deceit that the human heart could possibly be stricken with. This interesting couple set out for pastures new with a set purpose and design upon all humanity within reach, and no hour of the day or night thereafter found them forgetful of their self-imposed task. This individual changed teams, and even conveyances, three or four times daily, driving into town with break-neck speed one moment, with a match of grays and a buck-board wagon, and going out the next with a bay and a black and a top carriage. He never came nor went by the same avenue twice the same day, but always selected different portions of the town to pass through, so all could see him, and those who had forgotten him one day would not be left in oblivion of him the next. His horses and carriage were always found waiting for him at his office, down-town, every Sunday morning about 10 o'clock, so that people going to church, especially country people, would not miss this opportunity of being reminded of him once again. They were found there on Saturdays, off and on, all day long; they were there upon all public occasions when there was the least or the greatest chance of displaying them. Although always before the public eye, either in whirling around town or in scouring the country over, he never missed a call to my knowledge, and could always readily be found when wanted. He never walked a step, being driven even in his visits about town, an ordinary country town, though the distance was but the half of a block. He subscribed to all charities, public and private; he belonged to all the orders, associations, societies, fellowships and leagues in the

town and county; his mail was an immense one, nightly, of medical journals, newspapers, pamphlets, letters, books and circulars, which he never read, but which were conspicuously displayed, by the armful; he supported the widow and the destitute, having the donations conveyed by the broadest avenues; his house was ever open to the lame, the blind and the halt, simulating, in a manner, a hospital, on a small scale, and he who once entered his portals never departed therefrom but with an exalted opinion of its owner. This was not only the case in regard to the stranger, but was also a studied point with the neighbors, friends and patrons, with all those who had any occasion to enter his doors, where they were taken in charge by the "better half" and given a thorough course or training. To enter but once was certain oblivion to all other gods but the little god brought forward for display, and all the cunning of a singularly crafty nature was brought to bear upon this one point. His fees were always less than the ordinary fees for the services rendered, from an inherent feeling of justice; they were never collected but by routes entirely foreign and circuitous; they were "charmed" from his patrons in a manner not well understood by themselves. He had a well-paid clique constantly surrounding him, who were ever filling the community with the records of his skill and good deeds; he felt so much at peace with his own dear little self and all the world, that he could not help but show it in his face, in his arms and in his swagger; his office was a perfect little curiosity shop of instruments, appliances, devices, chromos, crayons (by his wife), oil paintings (also by his wife), and medical anomalies. Five years of this kind of charlatanism had built him up such an extensive practice and had woven such a web of popular fanaticism about him that it was impossible to break him down.

Is there not such a man in every town, city and village?

Apology.—The completion of the Index for Volume XXXV. has delayed the issue of this number for many days.

To Physicians.—A number of copies of each issue of this Journal are sent to certain physicians whose names have been forwarded to the Journal by subscribers and friends. It is asked that such copies be carefully examined, and if the Journal be deemed worthy of support, that this be given either at once or at any period more convenient. Specimen copies of the Journal will be sent to any addresses which subscribers may be kind enough to furnish.—EDITOR.

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